

# BMC

Journal of the Canadian  
Health Libraries Association

## *Bibliotheca Medica Canadiana*

Le journal de l'Association des  
bibliothèques de la santé du Canada

- Community Development in the Digital World
- Restructuring a Special Library in the Medical Setting : the LRCC Experience
- Preparation for CCHSA Accreditation
- A Summary of the 1996 Survey of Canadian Health Libraries
- Cyberpulse - Free MEDLINE on the WWW
- Spotlight on Alberta :  
    Networked Edmonton Online Systems  
    The Health Knowledge Network  
    University of Calgary Medical Library  
    Consumer Health Information Directory

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## BIBLIOTHECA MEDICA CANADIANA

**T**he *Bibliotheca Medica Canadiana* is a journal providing for increased communication among health libraries and health science librarians in Canada. A special commitment has been made to reach and assist the worker in the smaller, isolated health library.

The *Bibliotheca Medica Canadiana* is published quarterly by the Canadian Health Libraries Association. Opinions expressed herein are those of the contributors and the editor and not the CHLA/ABSC.



**L**a *Bibliotheca Medica Canadiana* (BMC) a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et

celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

*Bibliotheca Medica Canadiana* est publié 4 fois par année par l'Association des bibliothèques de la santé du Canada. Les articles paraissant dans *BMC* expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.



**I**ndexed in/Indexé par: *Library and Information Science Abstracts (LISA)* and *Cumulative Index to Nursing and Allied Health Literature (CINAHL)*.



**A** subscription to *Bibliotheca Medica Canadiana* is included with membership in CHLA/ABSC. The subscription rate for non-members is \$65/year. ■

### 1996-1997

#### PUBLISHING SCHEDULE

##### Deadlines for submission of articles:

volume 18 (4)	14 March	1997
volume 19 (1)	30 May	1997
volume 19 (2)	15 September	1997
volume 19 (3)	01 December	1997

### 1996-1997

#### CALENDRIER DE PUBLICATION

##### La date limite de soumission des articles:

volume 18 (4)	14 mars	1997
volume 19 (1)	30 mai	1997
volume 18 (2)	15 septembre	1997
volume 19 (3)	01 décembre	1997

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ISSN 0707-3674

# Editor's Message

Dean Giustini

The theme of this issue of *BMC* could very well be entitled "Restructuring: making it 'better' - an apt theme as many of us try to remain optimistic at a time of significant change in healthcare and in our working lives.

The feature articles in this issue, as well as those in news items and columns, point towards restructuring as a predominant professional activity across the country - whether in BC or Newfoundland, or points between. Restructuring is not new to health sciences librarians, but doing it with fewer operating dollars and increased technology does seem to present special challenges.

## Changes to *BMC*

*BMC* itself is restructuring, and some changes are visible in this issue. For years now, *BMC* has used the *Oxford English Dictionary* as a spelling model and it will continue to be consulted as such in the future, but there will be changes. The move to new spellings should extend beyond my mandate as Editor, but some changes will be self-evident in this issue.

After consultation with the Board, we have decided to move towards the spelling of words found in the *Canadian Oxford Dictionary* (due out in June, 1998) and Canada's national newspaper *The Globe and Mail*.

To assist us in this regard, the editorial office has purchased a copy of the Dictionary as well as the revised 1996 edition of *The Globe and Mail Stylebook*. These books provide valuable guidance in spelling and style and also a uniquely Canadian perspective - as Canadian spelling is really a hybrid of British and American practices.

This change is effective immediately. The newly-purchased books will guide decision-making for *BMC* Editors present and future, but by no means will replace our right to make individual judgements, based on the requirements of the Association and of contributing authors [please see *Editorial Policy*, p114].

We hope you agree that the changes add to *BMC*'s readability.

## Spotlight on Alberta

Since 1992, the Alberta government has slashed more than 1/2 billion dollars from healthcare. Now that's restructuring! The healthcare system has come under intense scrutiny during this time; as a result, many libraries in the province were reduced in scope, dismantled or closed and many librarians lost their jobs.

As Editor, I felt it would be instructive to hear reports from some of those affected by cuts and who now find themselves working in different environments. Seeing how the cutbacks in Alberta have resulted in new, more efficient ways of delivering information (we

hope), some of you will find inspiration for your own restructuring efforts.

This temporary two-part column will have contributions from libraries and librarians in Alberta's new restructured environment, but is in no way meant to be comprehensive. Other Canadian jurisdictions are welcome and are encouraged to contribute to the body of literature in this area.

## On the Editor's Desk

Periodically, books are sent to the editors of *BMC* for review. If you are interested in reviewing a book in this journal, please contact one of us and we will send you something appropriate forthwith. A listing of currently available books for *BMC* review is listed in the book review column on page 102. We are always looking for writers!

## Membership feedback

Assistant Editor Laurie Blanchard and I estimate that the return rate for the *BMC* survey will be around 20 per cent. Many thanks to those of you who were involved in the test implementation group and to those who completed and returned surveys. Survey results are to be completed for the 1997 Conference in Vancouver and will be published here in *BMC* at some point thereafter. Survey findings will provide us with much-needed information for planning *BMC*'s future.

As a further mechanism for feedback from CHLA/ABSC members, we are going to try a *Letters to the Editors* section in *BMC*. Feel free to send your tips and comments to either Laurie or myself on e-mail or to our addresses on the Board list. Look for the new column in the next issue of *BMC*.

## Virtually on the Web

The Editors notice that several library associations - the Canadian Library Association, Pacific Northwest Chapter of MLA and others - have now established Web-sites and offer their newsletters online. Many associations are looking for ways to inform their members while cutting production costs. CHLA/ABSC is no exception.

This is one of the major issues facing our future at the moment - whether to publish *BMC* on the Web, or not. We will be watching the developments of other association Web pages very closely and making notes for future Board meetings.

With the results of our survey and ongoing feedback, we hope to chart a restructuring plan for *BMC* that meets the expectations and needs of CHLA/ABSC members now and into the future. ■

## A Word from the President

Susan Murray

**H**appy New Year! Although this is being written for *BMC*'s Spring issue, spring looks very far away after Toronto's major snowstorm last week. The snow almost caused me to miss a film preview!

There was a full agenda for the Board's October meeting in Halifax. We were joined by Darlene Chapman, President, Maritimes Health Libraries Association (MHLA) who reported on the activities of her chapter. We invited Betty Sutherland, Chair, Association of Canadian Medical Colleges (ACMC), to discuss issues of common concern such as resource sharing, advocacy and copyright. Betty will serve as a non-voting member of CHLA/ABSC - with a reciprocal arrangement for the CHLA/ABSC President to serve as a non-voting member of ACMC.

### Highlights from the October Board Meeting

#### 1. CISTI Discussion Paper

Bev Brown, DOCLINE Coordinator, CISTI, told the Board that by April 1997, CISTI will cease to input catalogue records of libraries into AMICUS that manually reported to CISTI in the past. CISTI also plans to cease its publication *Canadian Locations of Journals Index in MEDLINE*. CISTI is willing to look at the feasibility of creating a DOCLINE-like, automated, interlibrary loan system in Canada.

In our response to the CISTI discussion paper, we told Bev Brown that CHLA/ABSC is supportive of DOCLINE and emphasized the importance of continued SERHOLD updating. Our concern is that existing ILL tools are being ceased before adequate substitutes are in place. Betty Sutherland also sent a response to the CISTI Discussion Paper on behalf of ACMC. The CISTI Discussion Paper will be discussed again at the February Board Meeting in Ottawa.

#### 2. Task Force on Resource Sharing (TFRS)

TFRS's terms of reference are extended to May 1997. I'd like to thank Chair Patrick Ellis, Lea Starr, Charlotte Beck, Joan Leishman, Beverly Brown and George Beckett for their perseverance.

The TFRS has accomplished a lot over the last two years:

- i) the DOCLINE "buddy program",
- ii) Dr. DOCLINE in *BMC*,
- iii) survey of chapter union list activities,
- iv) national resource sharing discussions with CISTI and the National Library, and
- v) factsheet on connecting to DOCLINE, and
- vi) Telemedicine sessions on DOCLINE and 1995-96 CHLA/ABSC conference sessions.

Well done!

#### 3. Advocacy

Anitra Laycock, Public Relations and President-Elect Lois Wyndham are working on two initiatives. Anitra is sending out

promotional material (complimentary bookmarks and tabletops) to CHLA/ABSC chapters. Promotional materials are eye-catching ways to market your library and were popular at the 1996 Conference in Toronto. Lois is working on a Canadian version of the *MLA Survival Kit for Librarians*, which will be reviewed at the February meeting.

#### 4. BMC Survey

Winter issue 18 (2) included an evaluation of our association journal. The Editors will ensure that the results are compiled and presented to the Board at the pre-Conference Board meeting in May 1997. The findings will be published in *BMC* and an overview will be given at the Annual General Meeting in May.

#### 5. Twentieth Anniversary Professional Development Award

An application form for this award is in the current CHLA/ABSC Directory. I encourage everyone to apply for funding to attend local workshops such as "From Librarian to Cybrarian" sponsored by the London Area Health Libraries chapter as well as continuing education courses at the 1997 conference. Conference courses have broad appeal: INTERNET resources, copyright, natural medicine resources, succeeding in a restructured environment and QUICKDOC. Note that applications must be sent six weeks in advance of the activity to Shelagh Wotherspoon, Coordinator, Continuing Education.

#### 6. Future CHLA/ABSC Conferences

The 1997 to 2000 Conferences were discussed. For updates to the 1997 Conference in Vancouver, check out the Web-site at: <http://www.library.ubc.ca/life/chla97/>. The preliminary packages are to be sent out in February.

An update to the 1998 Ottawa Conference will be given by Chair Pat Johnston during the Board meeting in February.

The joint 2000 conference with MLA in Vancouver will be held May 5-11, 2000. Please note, this is **earlier than usual**.

### Other News Since the Fall Board Meeting

Betty Sutherland sent an email to ACMC announcing that the new section of the Excise Tax Act (section 259.1) provides a 100% GST-exemption for qualifying, non-profit organizations. The exemption covers those organizations that operate public lending libraries and those that promote literacy. Public and academic libraries are covered by the exemption, while hospital libraries are not. I wrote to the Tax Policy Branch of the federal Department of Finance to argue for a hospital libraries GST-exemption. The rationale is that hospital libraries a) are integral to hospitals' educational missions and that they b) support health facility staff and continuing education, c) promote health literacy in communities and d) lend materials to the public. Shortly after, I received a phone call from the Tax Policy Branch saying that my arguments were being seriously considered - keep your fingers crossed!

## Chapter President's Listserv

The chapter President's listserv is up and running. The goal is to develop strong links between the local chapters and the Board. The listserv provides a quick and easy means to communicate within

the CHLA/ABSC community. I encourage individual members to communicate with local chapter executives and the CHLA/ABSC Board. This is important since we try to serve the needs of all in the Canadian health sciences information community. Talk to us! ■

## Un Mot de la présidente

Susan Murray

Bonne année! Bien que cette chronique soit écrite pour le numéro du printemps de *BMC*, les premiers bourgeons me semblent bien éloignés surtout après la forte tempête de neige qui s'est abattue sur Toronto la semaine dernière. L'accumulation de neige m'a presque empêché d'assister à l'avant-première d'un film!

L'ordre du jour de la réunion d'octobre dernier du Conseil à Halifax était des plus chargés. Darlene Chapman, présidente de l'Association des bibliothèques de la santé des Maritimes (ABSM) assistait à cette réunion et elle nous a fait part des activités de son chapitre. Nous avons invité Betty Sutherland, présidente de l'Association des facultés de médecine du Canada (AFMC), à parler de sujets d'intérêt commun tels que le partage des ressources, la défense de nos intérêts et les droits d'auteur. Betty sera membre sans droit de vote de l'ABSC/CHLA et, par entente de réciprocité, je continuerai d'être membre sans droit de vote de l'AFMC.

### Voici les faits saillants de la réunion d'octobre dernier du Conseil

#### 1. Document de discussion de l'ICIST

Bev Brown, coordonnatrice de DOCLINE à l'ICIST, a dit au Conseil qu'à compter d'avril 1997, l'ICIST cessera d'entrer dans AMICUS les données des catalogues des bibliothèques qui étaient transmises manuellement à l'ICIST par le passé. L'ICIST prévoit également cesser la publication de *Dépôts canadiens des revues indexées dans MEDLINE*. L'ICIST songe à étudier la faisabilité de créer un réseau automatisé de prêts interbibliothèques semblable à DOCLINE au Canada.

Dans notre réponse au document de discussion de l'ICIST, nous avons dit à Bev Brown que l'ABSC/CHLA donnait son appui à DOCLINE et nous avons mis l'accent sur l'importance de continuer la mise à jour de SERHOLD. Nous sommes préoccupés que l'on se débarrasse d'outils ILL avant que des substituts adéquats ne soient en place. Betty Sutherland a également répondu au document de discussion de l'ICIST au nom de l'AFMC. Ce document fera également l'objet de discussion à la réunion de février du Conseil à Ottawa.

#### 2. Groupe de travail sur le partage des ressources (GTPR)

Le mandat du Groupe de travail sur le partage des ressources a été prolongé jusqu'en mai 1997. Pour leur persévérance, j'aimerais

remercier le président Patrick Ellis, Lea Starr, Charlotte Beck, Joan Leishman, Beverly Brown et George Beckett.

Au cours des deux dernières années, le GTPR a accompli un travail remarquable. Qu'il suffise de mentionner le «programme de soutien entre pairs» de DOCLINE, D' DOCLINE dans *BMC*, le sondage sur les activités des répertoires collectifs des chapitres, les discussions sur le partage des ressources nationales entre l'ICIST et la Bibliothèque nationale, le feuillet de renseignements sur la façon de se brancher à DOCLINE, les séances de Télémédecine sur DOCLINE et les séances au Congrès 1995-1996 de l'ABSC/CHLA. Beau travail!

#### 3. Défense de nos intérêts

Anitra Laycock, relationniste, et Lois Wyndham, présidente élue, travaillent à deux projets. Anitra distribue du matériel de promotion (signets gratuits, présentoirs de table) aux chapitres de l'ABSC/CHLA. Ce matériel de promotion est un moyen attrayant de commercialiser votre bibliothèque et il a été fort populaire lors du Congrès 1996 de Toronto. Lois travaille actuellement à une version canadienne du *MLA Survival Kit for Librarians* (guide de survie des bibliothécaires de la MLA) qui sera étudié lors de la réunion de février.

#### 4. Sondage BMC

Dans le numéro 18 (2) d'hiver de *BMC*, on trouvait un questionnaire d'évaluation du journal de notre association. Les rédacteurs veilleront à ce que les réponses soient compilées et présentées lors de la réunion du Conseil qui précède le Congrès en mai 1997. Les conclusions seront publiées dans *BMC* et un aperçu général sera présenté lors de l'Assemblée générale annuelle de mai prochain.

#### 5. Bourses de perfectionnement professionnel du 20<sup>e</sup> anniversaire

Vous trouverez dans l'Annuaire de l'ABSC/CHLA un formulaire de demande. J'encourage tout le monde à présenter une demande de bourse pour assister à des ateliers locaux tels que «From Librarian to Cybrarian» qui est commandité par le chapitre de la *London Area Health Libraries* de même qu'aux cours de formation professionnelle lors du Congrès 1997. Les cours offerts pendant le Congrès sont d'un grand intérêt pour beaucoup : ressources sur l'Internet, droits d'auteur, ressources sur les médecines

douces, réussir dans un environnement en pleine restructuration et QUICKDOC. Veuillez prendre note que les formulaires d'inscription doivent parvenir au moins six semaines avant le début de l'activité à Shelagh Wotherspoon, coordonnatrice de la formation professionnelle.

## 6. Prochains Congrès de l'ABSC/CHLA

On a discuté des prochains congrès, de 1997 à l'an 2000. Pour des renseignements à jour sur le Congrès de Vancouver, veuillez consulter la page Web à l'adresse <http://www.library.ubc.ca/life/chla97/>. Les trousseaux de renseignements préliminaires seront distribués en février.

La présidente Pat Johnson fera une mise à jour concernant le Congrès 1998 d'Ottawa au cours de la réunion du Conseil de février.

Veuillez prendre note que le Congrès conjoint 2000 avec la MLA qui aura lieu à Vancouver se tiendra plus tôt que d'habitude, soit des 5 au 11 mai 2000.

## Autres nouvelles depuis la réunion du Conseil de l'automne

Betty Sutherland a fait parvenir un message électronique à l'AFMC pour annoncer que le nouvel article de la *Loi sur la taxe d'accise* (paragraphe 259.1) permet à tout organisme à but non lucratif et répondant aux critères d'admissibilité d'être exempté à 100 % de la TPS. Cette exemption s'applique à tout organisme

responsable du fonctionnement de bibliothèques publiques de prêt et à ceux qui font la promotion de l'alphabétisation. Elle couvre les bibliothèques publiques et celles des institutions d'enseignement mais ne couvre pas les bibliothèques dans les hôpitaux. J'ai écrit à la Direction des politiques de l'impôt du ministère des Finances pour plaider en faveur d'une exemption à la TPS pour les bibliothèques dans les hôpitaux. Voici les raisons que j'ai invoquées: a) les bibliothèques d'hôpitaux font partie intégrale de la mission éducationnelle des hôpitaux, b) elles sont un soutien au personnel hospitalier et favorisent la formation professionnelle, c) elles font la promotion de la santé au sein des communautés, et d) elles prêtent du matériel à la population. Peu après, j'ai reçu un appel d'un responsable de la Direction des politiques de l'impôt qui m'a dit que mes arguments feraient l'objet d'une étude sérieuse. Gardez vos doigts croisés!

## Listserv du président de chapitre

La listserv du président de chapitre fonctionne très bien. Son objectif est de tisser des liens forts entre les chapitres locaux et le Conseil. Elle offre un moyen rapide et facile de communiquer entre les membres de la communauté de l'ABSC/CHLA. J'encourage tout membre à ne pas hésiter à contacter la direction des chapitres et le Conseil de l'ABSC/CHLA. Nous essayons de voir aux besoins de tous les membres de la communauté canadienne qui oeuvrent dans le domaine des renseignements en matière des sciences de la santé. Il est donc très important de se parler. ■

## FORTHCOMING SELECTED PAPERS

in *BMC* 18(4) Summer 1997

- 1) *Why Information Retrieval Skills are Crucial in Clinical Decision Making: A Medical Informatics Perspective.*  
**Grace Paterson**, Medical Informatics Coordinator, Dalhousie University; **Tim Ruggles**, Dalhousie University, Kellogg Health Sciences Library.
- 2) *INTERNET Discussion Groups: A New Dimension in Consumer Health.*  
**Sheila Lacroix**, Reference Librarian, Addiction Research Foundation Library, Toronto, Ontario.
- 3) *Partners in Health Information Provision: The Saskatoon Freenet's Health and Wellness Area and Saskatchewan's Community Health Groups.*  
**Darlene Fichter**, Coordinator of Data Services, University of Saskatchewan Libraries and President of Saskatoon Freenet; **Colleen Martin**, Reference Librarian, University of Saskatchewan Education Library.
- 4) *Hospital Internet and/or Intranet Justification: Guidelines and Advantages for Use in Small to Medium Institutions.*  
**Jessie McGowan**, Librarian, Ottawa General Hospital; **Cheryl Martin**, Hospital Librarian, Belleville General Hospital.
- 5) *Library Instruction for Remote Networked Users: Strategies and Considerations.*  
**Terry A. Henner**, Savitt Medical Library, University of Nevada School of Medicine.
- 6) *Bibliotheca Medica Canadiana (BMC): An Analysis of the 1997 Survey.*  
**Laurie Blanchard**, Librarian, J.W. Crane Memorial Library; **Dean Giustini**, Librarian, Tom Baker Cancer Centre Library.



# Community Development in the Digital World

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## Introduction

The future has arrived, it's just not widely distributed yet! Librarians have been responding with urgency and creativity to the technological innovations or transformations which are dramatically changing libraries. While technology continues to evolve, sometimes at a dizzying rate, many of the underlying issues, concerns and themes have stabilized and remain constant. We are now living in the future and we need to focus on resolving the issues of that era.

By relating some key trends in information technology to the current overall situation, it is possible to see how libraries and librarians must shape, transform, guide and nurture our preferred futures. To more clearly address strategic issues for librarians, these trends or themes will be linked to more general developments.

In this paper, two significant issues - the rise of virtual communities and the emergence of neo-Luddites - will be examined within the larger context of the idea of community building. The theme of community building or community development in a networked, virtual environment is of central importance to the future of libraries.

## Metaphor

Language and metaphor in particular are extremely important in how our thoughts are reflected and shaped. It is revealing to review the metaphors in current use and see how they have come to frame the debate about emerging information technologies.

First, let's review the language of the information age: "Cyberspace", the "Net", the Information Superhighway, Archie, Veronica, Jughead, Java, Yahoo and many more. Perhaps we need some sort of "Metaphor Rehabilitation Program"!

The current metaphors are typically restricted, mechanistic, industrial age, machine focused, cold and non-organic. They are conduit or container metaphors. New or more appropriate language is necessary to widen and deepen our understanding of the capabilities and issues before us.

Metaphors are needed to capture complex ideas in a simple way but the wrong metaphor can proscribe our thoughts and diminish the potential of an idea. This is happening now in relation to the emerging information technology environment.

Grant MacCracken, a curator at the Royal Ontario Museum, has proposed an alternative which may more accurately reflect the real nature of information technology and developments like the Internet. His metaphor is the electronic piñata.

The piñata is hanging up there and is available, but you are blindfolded. So you whack at it with a blunt instrument (while others are taunting you). With luck you are able to hit it hard enough and then, at the moment of success, you are so deluged and overwhelmed by goodies, that you hardly know what to do next or how to cope. Sound familiar?

Addressing the real issues and problems of information technologies and their application will require us to think using new language. The virtual communities which are emerging are constructed and conceptualized in very different ways requiring different needs and solutions. Appropriate metaphors can help us break through into a new perception of the situation.

## The Rise of the Virtual Community

The convergence of computing and telecommunications has resulted in a global electronic environment which has been growing phenomenally for the past few years, but has accelerated even more over the past 12 months.

This is the world of E-mail, newsgroups, Web servers, online catalogues, databases, MUDS, MOOs, VR and a bewildering list of other applications. It is a world of approximately 40 million people who are engaged in discourse, communication, dialogue and sharing, and who are increasingly engaged in buying and selling.

This is an environment where individuals work and play - it is where they earn their living, where they interact with their friends and colleagues. In this space, people have rich, valued and deep interactions. They learn, grow and contribute.

This community, or more accurately a set of communities, is not a replacement for the traditional communities we know and value (like neighbourhoods, professional groups or families). However, they are valid and powerful, and increasingly important to the evolution of society. These communities are emerging under a very different set of rules from those communities of the past.

## The Rise of the Neo-Luddites

As the rapid evolution of ideas of the information age takes place, there is another smaller but equally important perspective emerging. Neo-Luddites are gaining a voice in the debate about the virtual community and their views are critical to the future of libraries.

Luddites are often thought of as anti-technology crazies; shallow minded people who maniacally and randomly destroy machines. To be a Luddite in today's parlance is to be not only behind

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***The future has arrived, it's just  
not widely distributed yet!***

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the times, but to be foolishly resisting and ignorant of technology's potential.

The Luddites were actually a progressive social movement that attempted to rebalance the overpowering influence of the industrial age. At the core of the Luddite movement was the dignity of the individual. They did not oppose machinery, they opposed particular uses of machinery - those that challenged the dignity of people.

There is a large body of literature taking up these themes: for example, Theodore Roszak's *Cult of Information*; (1) Clifford Stoll's *Silicon Snake Oil* (2) and a particularly interesting collection of essays entitled *Resisting the Virtual Life*. (3) Probably the most powerful and chilling expression of this perspective recently has been the published manifesto of the Unabomber in the United States.

The message underlying many of these views is the need to examine carefully all aspects of technology and emerging communities. The core ideas are appropriate use, understanding of power and respect for people. As we view trends and developments in information technology we need to keep these messages in mind.

## Five Themes of the Evolving Virtual Community

The following themes or issues have been selected as examples of trends of the evolving virtual community. In each case, there are significant questions for libraries and librarians to address.

### 1. Information as Commodity

Currently, there is a significant debate in Canada and the United States about copyright legislation. While these issues are very important they are, perhaps, irrelevant in the longer term. The ideas of fair use or exemptions essentially recognize a desire to balance the rights of the reader, the rights of the author and the rights of the publisher.

All this could be meaningless since current information transactions have less and less to do with copyright law and more and more to do with contract law. The contracts that librarians sign with database vendors, policies adopted by governments for providing statistical data and digital information generally can restrict our ability to use and reuse data to serve our user communities.

The constraints are substantially more restrictive than when the same information was available in print. It seems that contracts will ultimately override copyright. As information has become a commodity, it has become more difficult for libraries to fulfill their traditional roles in preserving and making information accessible.

An interesting development to follow is the emerging linkage of micropayments and cryptography. By using cryptography in a creatively new manner, it is possible to lock data (documents) into software so that data is not reproducible or transferable without generating a micropayment (enabled by the network). Even though this is attractive from a commercial perspective, it does challenge our concepts of personal use and the idea of sharing.

### 2. Information Finds People

The traditional view of our profession is that we help people find information. The common wisdom is that there is a lot of information available; we need to provide order and organization to that information so that our users can find their way to the material that best suits their need: *people finding information*.

Electronic networks, intelligent software agents, information transponders and dynamic documents are changing this in significant ways. Information on the global networks is active, can migrate and mutate and is capable of seeking out users. Increasingly the situation will be turned upside down: *information will find people*.

This is a substantial change for libraries. Where do we fit into this model? Are we prepared to alter how we view information and our user community in order to respond to this change?

### 3. Death of the Commons

The ongoing debate over public space and the public good has found its way to virtual communities. The phenomenal success of the Internet is essentially based on a powerful technological idea (widely-distributed computing) and a crucial social concept (sharing). The Internet proved that both could scale up. However, there isn't much money to be made in sharing, so Internet commercialization is primarily an attempt to undermine its core values. Must the Internet die so that a few individuals can make money?

The profoundly empowering culture of the Internet is coming in direct conflict with the powerful commercial culture. What is at stake in this clash of cultures? What might be lost?

Already the Association of American Universities, a organization of university presidents, is holding a meeting to see whether universities should develop their own telecommunications network (e.g. start the Internet again, as they did in the 60's and 70's). Preserving the idea of public space in electronic communities will help to ensure a non-commercial zone which can promote and respond to the public good.

### 4. Access and Participation

We have heard and will continue to hear much about how open access to the Internet is important. From a social perspective, access means equity and equal opportunity; from a commercial

perspective, access means a wider consumer market. It is the business imperative which is succeeding. The NII (National Information Infrastructure) and the GII (Global Information Infrastructure) as articulated by US Vice-President Al Gore is mostly a vehicle for American corporate strategy.

This is a consumer model of the network, not a citizen model. The network is being transformed so that sharing and participation are being replaced by commerce and control. If true access were the real goal, if those currently expanding

the networks really believed their own rhetoric about empowering people and ensuring access, then they would focus on literacy. They would ensure that all people had the skills to participate in the network; we would invest, not divest, in education.

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***Language and metaphor in particular are extremely important in how our thoughts are reflected and shaped. It is revealing to re-view the metaphors in current use and see how they have come to frame the debate about emerging information technologies.***

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A useful example of this transition from citizen to consumer is reflected in the bandwidth available in homes. Most home wiring plans assume a great amount of bandwidth coming in, but considerably less going out of the home. This imbalance denies the opportunity for individuals to become powerful and participatory in the virtual world. This consumer model places control with those who have economic power and views individuals as mere recipients or potential customers.

Libraries have traditionally empowered individuals and assisted their development as active, informed citizens. The dominance of the consumer model in electronic communities is of central concern for the future role of libraries.

## 5. New Information Tools

Each of the four previous topics have touched on an issue or problem to be addressed in the emerging virtual community. This last item - new information tools - is an area where libraries and librarians can seize an opportunity to exert a positive, empowering influence on appropriate use of technologies.

On a fundamental level, libraries are providers of tools. Tools are extremely important in our ability to extend ourselves physically and intellectually. It is essential for librarians to have the right tools as tools define the task ("if all you have is a hammer, everything looks like a nail").

Donald Norman, in his wonderful book, *Things That Make Us Smart*, discusses the difference between experiential cognition and reflective cognition. While both modes are crucial and necessary for effective learning, Norman is direct in his concerns that "the new tools have moved us in unexpected ways to accept experience as a substitute for thought". (4)

Paul Saffo, Institute for the Future, made the link between tools and libraries even more specifically: "the future belongs to neither the conduit or content players, but to those who control the filtering, searching, and sense-making tools we will rely on to navigate through the expanses of cyberspace". (5)

The new generation of information tools are and will be very different. They are based on dramatically different technologies and on an entirely new sense of the environment. As librarians we can influence how these tools work, what they can do and who they serve.

In doing this, we must achieve a number of general and specific goals.

### General Goals:

- a) increase performance,
- b) enhance value,
- c) reduce complexity,
- d) facilitate integration.

### Specific Goals:

- a) focus on people,
- b) develop smart tools,
- c) target personal information systems,
- d) ensure a central role for librarians.

Of these goals, it is the focus on people and the quest for simplicity which are most significant. As developers and providers of tools, it must be our renewed objective to make available the toolset appropriate to the needs of citizens in a changed world.

## Conclusion

As the virtual community grows in importance, librarians must once again become agents of social change - much in the manner that the 19th and early 20th century public library movement transformed our understanding of civic responsibility. The network is capable of enabling significant public power for individuals. The very real danger is that control and marginalization will significantly undermine that potential.

The goals of this progressive movement should be a new, virtual community characterized by:

- a) the reflective, informed citizen,
- b) the maintenance of public space and the public good,
- c) the development of people centered technology,
- d) the availability of appropriate tools and services, and
- e) a focus on critical assessment.

Our role as professionals and citizens is to become community builders; to work towards making the virtual environment a true community and to introduce and nurture principles which support people and create citizens.

Nicholas Negroponte of the MIT Media Lab has said "the best way to predict the future is to create it." Librarians face an immense challenge not resisting change but in shaping change. Michael Schrage, the author of *Shared Minds*, (6) an excellent book on collaboration, spoke at the 1992 LITA conference and observed that "designing for community is not equal to designing for information management." (*The Myth of the Information Age, or Why Information Technology Isn't*. Presented at the Library and Information Technology Association 3rd National Conference, Denver, Colorado, September 13-16, 1992.).

If we accept Schrage's challenge, then our professional goals will have been transformed from a focus on information to a focus on community. The rise of the virtual community is one of the most important developments of our time. In this era, the new strategic objective of librarians will be community building and community development in the digital world. ■

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# Restructuring a Special Library in the Medical Setting The London Regional Cancer Centre Experience

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## Introduction

Within the past two years, the library at the London Regional Cancer Centre (LRCC) (1) has experienced the same fiscal restraints and rapid change occurring throughout Canada's healthcare system. At the same time, consumers - both staff and patients - have become more demanding of library service. This paper describes our library restructuring experience and details the steps taken to improve services over an eighteen month period.

## Initial Six Month Orientation and Planning Phase

The newly-appointed librarian first familiarized herself with LRCC library patron needs and expectations on both an informal and formal basis. She attended meetings of all departments to learn about current and future research projects and related departmental information needs. She also took every opportunity to engage staff and students in conversation, thus opening up dialogue on clinical activities, how the library would likely be used and its potential to cater to a diverse range of information requests. The library's potential was also showcased in a well-attended open house.

The librarian and non-librarian manager met regularly during this initial planning stage to discuss organizational politics and culture and lay a foundation for planning. They were joined by a library secretary who possessed outstanding library technician skills. The synergy of skills, attitudes and communication styles of this highly effective team was fundamental to a smooth and rapid process of change.

## Four Strategies for Library Restructuring

Formally, four strategies were used to restructure the library:

1. The LRCC is one of eight tertiary treatment and research facilities operated by the Ontario Cancer Treatment and Research Foundation. LRCC serves 1.8 million residents of Southwestern Ontario with a multidisciplinary clinical and research staff of 380, excluding students. LRCC provided treatment for 4300 new patients and physician follow-up for 128,000 visits in 1996.

1) The name "Library" was changed to "Library and Information Services" to signal a new era of service delivery.

2) The Library Committee was revitalized under new Terms of Reference that broadened staff representation and strengthened advisory and communication functions. Meetings became more structured, resulting in better attendance and lively, productive discussions. Members were expected to represent Centre-wide interests - rather than departmental or individual - to enhance the library's ability to effectively coordinate information services.

3) The librarian was made a member of the middle management Department Head Committee, a political move that also kept her informed of organizational issues and trends.

4) A user survey was conducted to evaluate library services. Implemented in stages, the survey was first introduced to

Department Heads, and then distributed to departments in conjunction with their scheduled meetings. In addition to promoting the library, this sequenced distribution served to further clarify the library's new consultative and inclusive approach to identifying and meeting users' needs, as reflected in a survey return rate of 60 per cent (60%).

## Survey Findings

Survey responses underscored a need for change and identified its direction. For example, with the exception of some medical and research staff, many departments *never* visited the library. Library resources and services were viewed as mediocre. Library training and orientation were in high demand, followed by current awareness tools and INTERNET access.

Two distinct user groups emerged: 1) sophisticated users who wanted increased access to new technologies and current information delivered on time, and 2) infrequent library users who had inadequate library and technology skills. This user profile helped in the design of service around four inter-related areas: education, product and service improvement, accountability and professional links.



## Implementation of the New Operational Design

### 1) Education

The need for training and orientation was clearly expressed.

Sophisticated users wanted more information on existing or future services; infrequent users wanted to know how the library could benefit them. Training and orientation sessions were thus scheduled for mixed groups and separate departments, while individuals were assisted on an *ad hoc* basis.

By marketing and encouraging users to "think library", confidence was built, aided by the use of plain English to promote and explain library services. In addition, a monthly library newsletter was initiated that included a glossary of library terminology. A small training area was created to teach basic computer searching on MEDLINE, LRCC's online catalogue, INTERNET, and related university library resources.

### 2) Product and Services Enhancement

The budget was reallocated to provide maximum benefit to users in five areas:

- a) document delivery;
- b) literature searching;
- c) other new technologies;
- d) staff/patient support services; and
- e) library resources.

a) **Document delivery or Interlibrary Loan (ILL)** was the largest component of library service and required significant overhaul. Outdated procedures hampered timely delivery of information and indulged user expectation of free ILL service. Several immediate changes were made, such as significant improvement of turnaround time for requests and simplification of requesting procedures.

These improvements were captured in policy formulation. Cost recovery played a major role in policy change, which was guided by extensive consultation with the Library Committee and Department Heads. The library achieved a compromise: it would absorb ILL costs up to a point, after which user fees would apply. Also, users were expected to place their requests in priority order, starting with the most critical. The ILL service is now seen as a vital component of research and clinical activity.

b) **Literature searching** was an area that needed careful consideration. Our primary goal was to broaden database access within a limited budget and to promote end-user over librarian-mediated searching. CANCERLIT, CPS on CD-ROM and CAN/OLE (now defunct) were added to the existing MEDLINE databases. Silver Platter's MEDLINE is now available from both library and office PCs using the LRCC network and Windows. The software license allows up to four concurrent users on a 24 hour, 7 days a week

basis. The installation of a "one stop shopping" system means that all databases can be combined in a single search.

To sum up, MEDLINE training was offered to users to support stated preferences for independent access to databases and to develop end-user searching skills.

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***Patients are invited to use the library and are entitled to the same level of service as other users. While there is a Patient and Family Library at LRCC, patient and family access to the library is congruent with patient-centred care.***

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c) **Other new technologies** were introduced - for example, current awareness tools such as an electronic table of contents (TOC) subscription to CISTI's Swetscan. Available to individuals or through LRCC's new Library Bulletin Board, TOCs are paving the way for users to access journal literature electronically.

The library also obtained "Up To Date Library", a healthcare and administrative database relevant to LRCC's diverse user group. A third computer

was installed to provide INTERNET access and unlimited searching on the World Wide Web using Netscape Navigator. Users can also use a recently acquired scanner.

d) **Staff/patient support services** were increased through invited staff input. Current issues of nursing journals, for example, are now kept in the nurses' lounge area. Reference service has been introduced to all staff, resulting in 400 information requests in the first five months. Patients are invited to use the library and are entitled to the same level of service as other users. While there is a Patient and Family Library at LRCC, patient and family access to the library is congruent with patient-centred care.

e) **Library resources**, including monographs and journals, required a major overhaul. The monograph collection was dated, books were missing and/or inaccurately classified, and as a result of well-intentioned donations, was cluttered with irrelevant material. Upon consultation with staff and the Library Committee titles were selected for purchase. A third of the collection was withdrawn after an exhaustive weeding. The S.M.A.R.T. database (Nutshell) was used to recatalogue and relabel books. A comprehensive collection development policy was written with the assistance of the Library Committee.

The journal collection followed a similar consultative process. Selection criteria included how journals fit into current and anticipated research activities, their rankings on the Science Citation Index, statistics on their use, cost, and local availability.

The journal collection was also weeded, retention periods were identified and a space planning project was

completed. A major project to locate missing back issues was undertaken; over a third of those missing journals have been replaced at nominal cost. Journal titles are also entered in our automated catalogue.

Subscription donations have helped to supplement the collection, which in the past three years has been reduced by 28 per cent due to budgetary constraints. By encouraging staff to use electronic TOCs and by adding departmental and individual collections to our

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***By marketing and encouraging users to "think library", confidence was built, aided by the use of plain English to promote and explain library services. In addition, a monthly library newsletter was initiated that included a glossary of library terminology.***

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database, the library is able provide alternatives to patrons in the likely event of further budget cuts.

Physical resources were increased through budget reallocation that freed monies for other uses. For example, costly online MEDLINE access was curtailed, which allowed the purchase of two new workstations. Another computer was purchased and the existing ones upgraded to operate new software programs requiring large reserves of memory.

3) Accountability

A vital task of library restructuring is to legitimize change through policy formulation. New policies such as the collection development and ILL policies were of key importance in reflecting service philosophy and signalling accountability. Further, library evaluation is now routine. Patron satisfaction as reported in the second annual survey is high (91 per cent). Those who used the library infrequently and made up less than 20 per cent of the total user base, now constitute 40 per cent of those using the library on a monthly basis.

Accountability can be further demonstrated in activities such as LRCC's recent accreditation using the new oncology standards. The librarian's active participation on the Information Management Team helped to clarify and reinforce new library policy directions and gave the librarian increased authority within the organization.

4) Professional Links

Where the special librarian is concerned, active membership in professional associations can have special value, such as overcoming problems of isolation and providing opportunity to participate in professional initiatives. The small library's profile and credibility can also be enhanced with professional links. LRCC's library has been involved in a number of national and provincial association activities. It also shares with several departments the publications it receives in information related fields in order to raise staff awareness of the librarian's work with other professional groups.

There are several other initiatives that have helped extend the library's reach. For example, the library hosted a one day meeting

of Ontario's seven other cancer centre librarians to discuss issues of common concern such as cost savings, resource sharing, policy formulation and standardization of OCTRF library practices. The meeting resulted in the completion of a union list of periodicals and a foundation on which to build the first OCTRF Library

Professional Advisory Committee (PAC). PACs serve as key forums for the identification of professional issues of concern; these issues are then taken to senior management with the OCTRF for discussion and resolution.

Conclusion

The LRCC library experienced a rigorous restructuring process over an eighteen month period. Upon completion, the restructured library provides a more patron-centred service employing the most currently available technologies. The positive outcome of the restructuring process is an improved,

more responsive service delivered efficiently and effectively.

The library is now exploring alternatives for additional space requirements in an already overcrowded facility. A strong institutional commitment to support the new library service and its partnerships with users will help define and develop strategies to cope with future change.

The key to our success can be best summed up in five points. We tried to:

- 1) simplify library procedures for patrons and staff,
- 2) provide more education for patrons,
- 3) effectively reallocate monies within budgets,
- 4) actively pursue linkages within our institution and profession, and
- 5) create an effective staff team.

It is anticipated that the partnerships created as part of the restructuring process will continue to serve as a foundation for change and that this foundation will be redefined as new information needs are expressed. ■

***The key to our success can be best summed up in five points. We tried to 1) simplify library procedures for patrons and staff, 2) provide more education for patrons, 3) effectively reallocate monies within budgets, 4) actively pursue linkages within your institution and profession, and 5) create an effective staff team.***

**Editor's note:** Is there interest in starting a "Canadian Cancer Libraries" listserv for cancer librarians? If you are interested in networking with each other on a national basis, discussing issues that pertain to collection development, restructured library services and other issues of concern, please e-mail the Editor at [giustini@acs.ucalgary.ca](mailto:giustini@acs.ucalgary.ca) to express interest.

# **The CCHSA Accreditation Process**

## **Notes on Preparing Your Team and Institution for an Accreditation Survey**

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### **Introduction**

Janette Hatton and Jessie McGowan (Ottawa General) are the representatives to the CCHSA (Canadian Council on Health Services Accreditation). The CCHSA arranges two NHO (National Health Service Organizations) meetings per year. At these meetings representatives from 90 health care organizations are brought up to date on the latest plans and programs of Council. The groups give advice and ideas to Council.

### **Summary of Information from CCHSA, May and October 1996, NHO Meetings**

#### **Highlights:**

- From January 1996, a new recognition process was established for health care organizations. Organizations will be given an accredited or non-accredited status - in other words, a 3-year award or nothing.
- Some programs or services within an organization may receive a mark of excellence, thus creating a benchmark to be used by other services. This is a great opportunity for an Information Management Team to achieve recognition.
- CCHSA is visioning a "survey of the future". What will a surveyor be doing within an accreditation program in the year 2000? The accreditation standards will have indicators as standard measurements of performance.
- CCHSA recently issued two publications:
  1. *A Guide to the Development and Use of Performance Indicators*, 1996 (\$20.00).
  2. *A Practical Guide to preparing for Accreditation*, 1996 (\$20.00).
- CCHSA is looking at new markets. One market could be to consumers, perhaps a "report card". Others being developed include home care and reproductive technology standards.
- A two per cent decrease in annual fees is planned.
- Regionalization is a result of health care reform and a goal of CCHSA is pilot testing surveys to include all the regional organizations.
- A Web-site is still not available. I feel that a Web-site would be a great asset to the CCHSA for distribution of information about the accreditation process and Council's publications - as well as saving many trees. I shall continue to promote a CCHSA Web page.

- The CCHSA Office is very helpful if you need any advice on their many publications. Tel: (613) 738-2955, Ext. 303; Fax: (613) 738-3755.

### **The Accreditation Process**

Accreditation is a chance for libraries and librarians to shine. You can be a coach and a player on the team. A Library Manager can be a strong member of the Information Management Team as well as other teams - for example, the Human Resources and/or Education Team. Sometimes librarians are asked to be on the patient care teams. Not many other members have had the same chances to learn about accreditation as librarians have - or, in fact, participated as a central part of the process.

In order for any library to be a pivotal part of the accreditation process, library staff must play an informed, pro-active role - the best management style at all times. I have listed some helpful hints gathered from person experience of the Hamilton Civics' accreditation and from the pooled experiences of other CHLA/ABSC members. This not a complete list, so please feel free to contribute ideas from your own accreditation survey directly to my e-mail: [hattonj@fhs.csu.mcmaster.ca](mailto:hattonj@fhs.csu.mcmaster.ca).

#### **Helpful hints:**

- Take the opportunity to obtain the most up-to-date publications and videos from the CCHSA. (The CCHSA publication list is available from Janette HATton or from the CCHSA office - see above). Make these publications available for loan or reference use in the library.
- When teams write a plan, keep copies of the plan available in the library. At the Hamilton Civic Hospitals the plans were used extensively as a basis for the new program management environment.
- "Mock interviews" are useful exercises for teams and can be videotaped, with the tapes kept in the library for viewing.
- When literature searches to support teams and your accreditation leaders are done, make certain that you remember to scan Canadian non-indexed sources (for example, Canadian Health Care Management). Review the most recent administrative and quality assurance journals as a means of preparation.
- When functioning on the IM team, it is best to do the self-assessment on an individual basis first. The CHLA/ABSC Standards are vital for this process. My personal experience is that the sharing of assessments is a useful promotional exercise for a library and the IM team members. Some members have no

- idea of what happens in other areas, or that there are common goals and problems.
- Try to attend informal "coffee" sessions with surveyors and make sure you do your "homework" on the surveyors' background. The work experience of the surveyors and where they come from are supplied by CCHSA. You can look up and coach your team(s) on any history and recent developments in these institutions (mergers, restructuring or research successes). Conversations will flow after this homework on background!
- Before your interview practice your answers to the questions (list available from CHLA/ABS representative). Be ready with examples of your best practices, also examples of indicators and outcome measures.
- Our surveyors were formally dressed. The team should look "upbeat" too.
- The surveyors are usually rushed and are required to put in long hours reading the reports. Usually they do not have time to formally visit the Library, nevertheless, make sure that it looks the best you can muster: bulletin boards with some hospital research results or news downloaded from the Internet. Display of new books. Library brochures left in Board Room and other strategic spots.
- The CCHSA debriefing session is very important. Accept any praise. Make notes on suggestions or criticisms for your team or other teams - literature searches on these topics will be needed.
- In the 1996 MLA teleconference, Connie Schardt said that accreditation was like a "visit from the in-laws!". They always leave behind good advice as a report that can be used to improve service. She noted that accreditation was similar to a needs assessment for the whole organization. Look for areas where you can make a difference.
- **More hints from the MLA May 1996 teleconference:**
  1. Have a backup plan if you are sick.
  2. Keep focused on customers' needs.
  3. Acknowledge problems - what are you doing to cope with them. Be positive. Address weaknesses with action plans.
  4. Evaluate where you fit into the organization's mission.
  5. View the Library as a "work in progress" that changes constantly.
  6. It is important to develop good working relationship with your group or team. This saves time and you will all be able to concentrate on the document to be produced.

## Indicators and Outcomes

- CCHSA has stated that in the future indicators will be an essential component of each standard.
- Well chosen indicators monitor essential library services (e.g., circulation, document delivery). Indicators signal the progress of objectives derived from the strategic plan of the library.
- Support for the library in times of limited resources can only come when evidence is actively tabulated and promoted to show connections between library services and clinical outcomes.
- The current CHLA/ABSC (1995) standards do not directly include the terms "indicators" or "outcomes". An objective for 1997 is to define and develop indicators/outcomes and provide examples for health libraries.

- Finally, **"Health professionals need support in the right format from the Information Management Team to make the right decision at the right time"**. (Marilyn Colton, CCHSA, 1996).

Please contact Janette Hatton for the following material and any comments. ■

## Annotated Bibliography

Selected references for accreditation team planning and functioning:

1. CHLA/ABSC. *Standards for library and information services in Canadian health care facilities*. 2nd ed. Toronto: CHLA/ABSC, 1995.

This document should be on your desk, by your right hand. It will serve as a useful companion to the facility-wide standards produced by CCHSA. Vital for the initial, self-assessment process. In addition to CHLA/ABSC standards, it contains: a useful glossary of library and library-related terms, a sample needs assessment tool, a sample client satisfaction survey, and a bibliography for essential background reading in health library administration.

2. Graham NO. *Quality in healthcare: theory, application and evolution*. Gathersburg, MD.: Aspen, 1995.

One of the most readable (and inspiring) texts on quality. Good chapter on clinical practice guidelines; benchmarking and future trends in health care.

3. Iles, S, Juzwishin D. Beyond the paper and into reality : lessons in real time on the new accreditation process. *Canadian Health Care Management*, 1995; 95: 140-44.

Not specifically Information Management. A good paper on experience with the client-centred approach to accreditation.

4. Martin C. CCHSA Standards and the accreditation process from an information services perspective. *BMC* 17 (?): 131-35, 1996.

An excellent introduction to the Canadian accreditation process and Cheryl Martin's experience with a survey at Belleville General Hospital, Ontario. Useful for planning your strategy as part of the Information Management team.

5. Scholtes P. *The Team handbook : how to use teams to improve quality*. 2nd ed. Madison, WI. : Joiner, 1996.

One of my favourite books! Spiral bound, easy to use and concise. Read for information on: quality improvement, productive meetings, learning to work together and group problems.

6. CCHSA Publications.

All are essential and available at reasonable prices. An order form can be faxed to you by the CCHSA. As new references and publications on Canadian accreditation are produced, members will be updated via *BMC* and e-mail via CANMEDLIB.



# A 1996 Statistical Survey of Canadian Health Sciences Libraries Summary, Results and Observations

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## Summary

In the spring of 1996, CHLA/ABSC - in cooperation with the National Library of Canada (NLC) - distributed an NLC National Core Library Statistics Program survey to health facilities in Canada. Its purpose was to explore issues involved in developing a regular statistical survey of Canadian health sciences libraries and to begin building a database of statistical information. A survey of this kind had never been conducted previously for health sciences libraries in Canada.

Fourteen hundred (1400) questionnaires were distributed to Canadian Healthcare Association institutional members as well as to institutional and personal members of CHLA/ABSC. Two hundred forty two (242) responses were received, fourteen (14) of which stated that no library existed in the facility - or that the health facility was in the process of closing. The survey response rate was seventeen per cent (17%). Since the actual number of health libraries in Canada is unknown but expected to be significant lower than 1400, the response rate can be said to be considerably better than seventeen per cent.

## Library Categories

Survey responses were grouped into four library categories:

### 1. Academic Library:

A library which supports academic programs for physicians and other health professionals. This category did not include programs such as rural information networks, which may be sponsored by affiliated academic organizations. The federal government Health Protection Branch Library has been included in this category due to its large size. Seven responses were received from academic libraries out of the possible seventeen across Canada.

### 2. Hospital Library:

A library in a health care facility, including those in psychiatric and long term care facilities.

### 3. No Library:

A respondent who indicated no library existed for the facility or that the hospital itself was in the process of closing (1 respondent).

### 4. Special Health Library:

A variety of libraries as well as libraries of federal and provincial governments, health departments, commercial pharmaceutical firms, special treatment programs such as cancer information centres, community health boards, etc.

## Some Information For Interpreting Tables

### 1. Variable or incomplete data

There were no entries available for libraries from the Yukon or Northwest Territories. One return received from a NWT hospital library indicated that there was one library staff member - but no further information was given. Also, one Yukon hospital indicated that they had no organized library services at that time.

The data in the returned questionnaires was highly variable. Many libraries did not provide data for all questions. Many libraries did not keep statistics, which broke interlibrary loan transactions into geographic areas serviced. Budget expenditure data was also quite variable, particularly for capital, operating and staff expenditures. Some inconsistencies in survey data can be attributed to the use of the NLC Core Statistics survey program questionnaire; but those inconsistencies also illustrate the lack of standards for recording statistical data among Canadian health libraries.

### 2. Mean/average values

In the following tables, the mean (average) values are given for many of the questions asked in the survey. Along with each mean is the value "n" - which refers to the number of libraries reporting this data. As you review the data you should monitor the "n" value. Where the "n" value is small, one can expect extreme values to unduly influence the means provided.

Data is reported on a provincial basis in Tables I and II and then summarized on a regional basis in table III (see pages 96 and 98). Tables I, II, III and Figures 1-4 (page 97) contain data from hospital and special health library categories only. Academic libraries have been excluded since they are typically much larger and serve a different role than the special health or hospital libraries. Annual statistical information on Canadian academic medical libraries is published in the January or April issues of *Forum*, a newsletter published by the Association of Canadian Medical Colleges.

## How Useful Is This Data?

The survey results should be used with *caution*. The low response rate and inconsistency in filling out questionnaires made it difficult to make strong assertions about the state of Canadian health libraries based on the survey data collected. However, where there are a relatively large number of responses from certain areas such as Ontario, Quebec and some of the Western provinces, it is possible to place more confidence in the trends illustrated in the survey data.

Table I - Hospital Libraries

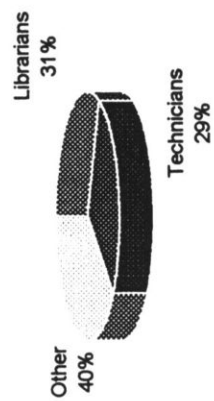
	NF		NS		PEI		NB		PQ		ON		MB		SK		AB		BC		Hospital Libraries	
	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n
Libraries Reporting		3		6		1		7		43		56		15		9		16		18		174
Staff																						
Total	\$52,038	3	\$57,011	4	\$75,900	1	\$150,405	7	\$92,453	41	\$90,164	56	\$88,281	14	\$11,800	3	\$120,323	14	\$47,519	16	\$88,483	159
Budget																						
Collections	\$16,611	3	\$15,625	4	\$25,000	1	\$71,714	7	\$30,55	41	\$33,188	53	\$33,613	13	\$8,838	4	\$37,357	14	\$17,784	15	\$31,582	155
Budget																						
Books	1,167	3	1,738	4	800	1	2,522	7	2,862	40	2,206	50	3,998	14	423	7	3,696	15	1,654	14	2,524	155
Other	270	3	311	4	2,500	1	882	7	3,022	32	2,500	45	464	11	531	6	2,085	14	456	12	1,947	135
Materials																						
Serials	90	3	109	5	122	1	286	7	130	41	123	56	133	14	10	7	130	15	56	18	120	167
Information	883	3	98	3	926	1	1,351	5	1,895	33	2,549	43	1,295	10	4	2	2,031	11	1,088	11	1,886	122
Transactions																						
Circulation	7,347	2	4,374	4	845	1	1,106	7	2,369	39	3,071	41	10,369	11	6	2	3,121	11	1,015	7	3,317	125
Transactions																						
ILL-Borrowed	381	3	283	4	623	1	1,516	7	1,108	42	1,123	50	964	13	19	4	1,809	11	359	14	1,032	149
ILL-Lent	255	3	75	5	74	1	459	7	392	42	571	48	694	11	13	5	468	12	133	14	429	148

Table II - Special Health Libraries

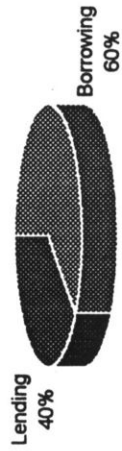
	NF		NS		NB		PQ		ON		MB		SK		AB		BC		Special Libraries	
	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n
Libraries Reporting		2		1		2		5		23		1		3		4		5		46
Staff																				
Total	\$39,000	2		0	\$5,750	2	\$255,816	2	\$244,336	19		0	\$122,067	3	\$139,286	4	\$427,747	5	\$224,475	37
Budget																				
Collections	\$10,000	1		0	\$5,000	1	\$76,000	2	\$47,908	19		0	\$45,500	2	\$36,175	4	\$105,860	5	\$54,374	33
Budget																				
Books	2,897	2	2,100	1	1,300	1	18,333	3	10,118	21		0	6,345	2	5,028	4	7,840	5	8,940	39
Other	576	2	15,000	1	200	1	51	2	24,287	14		0	625	2	934	2	24,000	3	15,985	27
Materials																				
Serials	60	2	235	1	85	2	268	4	176	22		0	285	2	180	4	379	5	206	42
Information	1,600	1	430	1	5	1	250	1	4,710	18		0	3,298	1	2,173	3	5,998	5	4,093	31
Transactions																				
Circulation	1,500	1	300	1	200	1	1,623	2	3,580	16		0	8,039	1	3,687	3	14,642	5	5,161	30
Transactions																				
ILL-Borrowed	1,000	1	2,007	1	5	1	1,389	4	917	22		0	2,597	2	1,652	3	2,856	5	1,363	39
ILL-Lent	5	1	75	1	0	1	1,106	4	343	20		0	673	2	401	4	3,390	5	823	38

Table II Notes - No special health libraries reported from Prince Edward Island

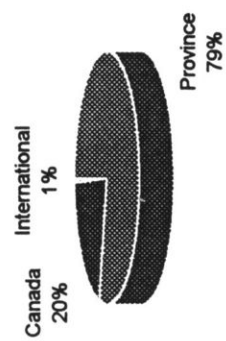
**Figure 1 - Staff Composition, Special & Hospital Libraries**



**Figure 2 - ILL Borrowing/Lending, Special & Hospital Libraries**



**Figure 3 - ILL Lending By Area, Special & Hospital Libraries**



**Figure 4 - ILL Borrowing By Area, Special & Hospital Libraries**

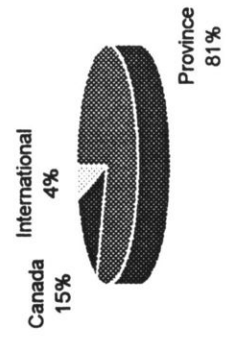


Table III - Regional Statistics, Hospital and Special Health Libraries Combined

	Atlantic		Central		Western		Canada	
	Mean	n	Mean	n	Mean	n	Mean	n
Libraries Reporting		22		127		71		220
Staff	1.7	18	1.9	116	2.2	50	2.0	184
Total Budget	\$84,336	19	\$118,591	118	\$	59	\$114,155	196
Collections Budget	\$38,490	17	\$35,136	114	\$35,607	57	\$35,582	188
Books	2,005	19	4,318	114	3,435	61	3,814	194
Other Materials	1,425	19	5,906	93	2,361	50	4,287	162
Serials	165	21	140	123	124	65	137	209
Information Transactions	844	15	2,707	95	2,025	43	2,333	153
Circulation Transactions	2,516	17	2,845	98	6,195	40	3,674	155
ILL-Borrowed	918	18	1,088	118	1,192	52	1,101	188
ILL-Lent	237	19	484	114	662	53	509	186

This is the first collection of national statistical data of Canadian health libraries, of which I am aware. It is to be hoped that

CHLA/ABSC can continue to collect data and expand it to include more health libraries in the future. ■

### Acknowledgements

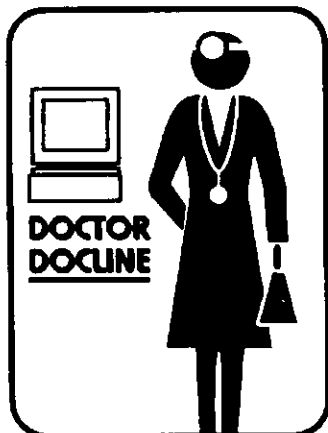
I wish to thank a number of people who helped with this survey. To all of you, thank you. You have all contributed to a better understanding of the state of health libraries in Canada.

1. Past and present members of CHLA/ABSC Board for initiating this survey and many interesting discussions on how to implement such a survey.
2. The National Library of Canada and two of its staff members, Ralph Manning and Mariette Desjardins for their support and assistance in providing and mailing the survey questionnaires.
3. Members of the staff of the Health Sciences Library of Memorial University of Newfoundland who stuffed envelopes and labeled the questionnaire packages.
4. Sandra Collins of the Health Sciences Library of Memorial University who did the data entry and proof reading of the returned questionnaires.
5. The many people in health libraries across Canada who took the time to fill out and return the questionnaires.



## Ask Doctor DOCLINE

Bev Brown



Questions to *Doctor DOCLINE* are fielded by the CISTI DOCLINE Coordinator to answer the sort of questions no manual or help screen seems to address. Direct your questions to:

**Beverly Brown**  
DOCLINE Coordinator  
Tel: 1-800-668-1222  
E-mail: [cisti.docline@nrc.ca](mailto:cisti.docline@nrc.ca)

**Q: How can I stop a prefixed request that has not been filled from falling into my routing table?**

A: Though NLM encourages libraries to let their requests route through their routing tables, there are times when sending a request directly to one library - known as prefixing - is appropriate. This may be because the library is not in your routing table, you have verified the availability or made prior arrangements with the lending library. DOCLINE will send a prefixed request without verifying SERHOLD.

If the potential lending library cannot supply the item, the request then falls into your DOCLINE routing table. You can limit the routing by specifying only one cell or range of cells under the Routing cell start/stop option. You can prevent the request from routing by entering it as a M/A/N request, listing only the one library at the Override prompt.

A second way to stop the request from routing is to cancel it. DOCLINE will accept the cancel command only if the request has not been receipted or filled by another library.

**Q: How can I see my library's holdings in SERHOLD?**

A: You need a special SERHOLD USERID and password to check holdings on SERHOLD. Libraries wanting to check some of their SERHOLD records should contact the Coordinator.

NLM is willing to assign additional SERHOLD USERIDs and passwords. As Coordinator, I will make these available to libraries wanting to verify and update their own holdings in SERHOLD. The database is not difficult to search and edit but the Telnet 3270 emulation - needed to communicate with NLM - can be problematic.

NLM does not provide printouts from SERHOLD but will supply Coordinators with an annual tape of holdings for each DOCLINE region. With the assistance of RML6, I am exploring ways to create individual SERHOLD lists for Canadian DOCLINE libraries. ■

# Cyberpulse

Rita Vine



**Rita Vine** is Marketing and Instruction Coordinator at the Gerstein Science Information Centre, University of Toronto. Copies of Cyberpulse columns are available at the web site:

<http://www.imr.on.ca/cyberpulse/cyberpulse.htm>

Comments and suggestions for future columns are welcome and should be directed to:

E-mail: [rita.vine@utoronto.ca](mailto:rita.vine@utoronto.ca)

## Free MEDLINE on the Web : a Practical View

Several commercial web sites now provide free MEDLINE and AIDSLINE. The service is an important "carrot" to encourage visitors to peruse the host site, creating "hit" statistics which can be used to attract advertisers, or to create a database of registered users which can be used for future marketing initiatives. Although many services initially restricted MEDLINE access to physicians, most sites now offer the database to anyone. Several of these require registration, and some of these limit registration to those who state that they work in the health professions.

### The Good News

Make no mistake about it: the appearance of free MEDLINE is great news for end-users. As information professionals, we can quibble (and I will) about the various interfaces that you have to wade through to produce search results, but let's remember that at least the information is available - and best of all it's free.

### What's Possible - and What's Not

It's important to understand that NLM sells the MEDLINE database to these host sites for a relatively modest fee. The host site then designs an interface to search the database.

None of these interfaces are very good. With the exception of OVID's own beta-test web interface (which I liked a lot and will extol below) none of the free MEDLINE interfaces resemble either OVID's interface or NLM's command-based interface. None permit full exploitation of MeSH structure, explosions, publication types, or limits. None permit the execution of even moderately complex searches.

So, what do they do? In general, they treat the MEDLINE database like a giant keyword index and permit Boolean searching, with varying degrees of sophistication. Some interfaces even support fuzzy logic and sophisticated pattern matching, and will check for similar words, word roots, words found often in the same record

or near the requested word and can automatically omit the defined "stop" words - all of which is useful for those who may not fully understand how to construct precise Boolean search statements.

### What is being searched?

It's often hard to find a file's start and end dates. Not one of the sites I checked provided the cutoff date of the database. In my tests of the free MEDLINE files labelled "1996" - which I conducted during the first week of January 1997 - only about half delivered my control article on lidocaine nose drops from the July 24, 1996 issue of JAMA, even though the article was added to the MEDLINE database in the first week of October 1997. And don't expect much help on searching. Only a couple sites provided any help at all, and those that did offered help related only to their specific search engine. If you didn't know what a "MeSH" was - too bad.

### Other sources of Free MEDLINE

Although it isn't really part of the group of commercially-sponsored free MEDLINES, OVID's beta-test version of its web interface resembled the familiar OVID interface and it worked well - in my opinion better than any of the others I saw. Choose "basic" to get a textword search; choose "advanced" for full OVID functionality.

OVID users will intuitively understand how to use the advanced interface and users can learn to manipulate the basic search features in minutes. As of this writing, a test file of 1993 is available in North America and the full file 1993-1996 will be available at a European test site, until at least the end of January 1997.

### The Need for Evaluation

MEDLINE's appearance on the Internet is of critical importance to librarians. Much more work is needed to assess the various free MEDLINE sites. Librarians need to thoroughly test the file

capabilities as well as to check, compare and contrast the validity of search results, then communicate that information widely.

Although none of the free MEDLINE sites can substitute for a thorough search of the MEDLINE database using software specifically designed to exploit the database structure, every health sciences library serving health information consumers should have a list of free MEDLINE sites to offer users. Users need to know about the availability of these free files and to hear our opinions on the relative usefulness and appropriateness of these resources.

### Online Bibliography

The most complete listing of free and fee-based Internet MEDLINE sites is "Dr. Felix's Free MEDLINE Page", maintained

by the Gloucestershire Royal Hospital Library (<http://www.grhlib.demon.co.uk/medline.html>).

For some criteria on selecting and using free MEDLINE services, see William Detmer's "MEDLINE on the Web : A Review of Competing Approaches" (<http://avery.med.virginia.edu/~wmd4n/amia/medline.html>).

### Free MEDLINE Sites Bibliography

The following free MEDLINE sites (presented in alphabetical order) were checked for this column during the first week of January 1997.

WEB-SITE	ADDRESS	COMMENTS
America's HouseCall Network	<a href="http://pressconf.housecall.com/prologin.html">http://pressconf.housecall.com/prologin.html</a>	Registration required. Navigable, searchable explodable MeSH tree, or use Boolean search options.
Avicenna	<a href="http://www.avicenna.com/">http://www.avicenna.com/</a>	Registration required. MEDLINE backfiles to 1990. AIDSLINE (no date specified). Keyword searches.
Community of Science, Inc.	<a href="http://muscat.gdb.org/repos/med/">http://muscat.gdb.org/repos/med/</a>	Basic and advanced interfaces. Natural language and fuzzy logic. Some use of MeSH with options for search refinement following initial search.
Healthgate	<a href="http://www.healthgate.com/HealthGate/MEDLINE/search.shtml">http://www.healthgate.com/HealthGate/MEDLINE/search.shtml</a>	Simple and advanced options, including options for selected limits (publication type, age group, human, English). Document delivery available.
Helix	<a href="http://www.helix.com/">http://www.helix.com/</a>	Registration required. MEDLINE provided free to registrants through Physicians Home Page/SilverPlatter.
Medscape	<a href="http://www.medscape.com/Clinical/Misc/FormMedlineInfLive.mhtml">http://www.medscape.com/Clinical/Misc/FormMedlineInfLive.mhtml</a>	AIDSLINE and MEDLINE. Easy keyword search form. Document delivery available.
OVID Demo Database	<a href="http://preview.ovid.com/libpreview/register/start.htm">http://preview.ovid.com/libpreview/register/start.htm</a> <a href="http://ovid.sara.nl/(username:ovid;password:2open)">http://ovid.sara.nl/(username:ovid;password:2open)</a>	Beta test files offering basic and advanced functions. Easy and functional for existing OVID users.
WebMedline	<a href="http://med.stanford.edu/cgi-bin/detmer_beta/webmedline">http://med.stanford.edu/cgi-bin/detmer_beta/webmedline</a>	Beta test database developed by William Detmer. Keyword mapping to MeSH headings in a simple interface. ■

**Editor's note:** Beginning in March 1997, Rita Vine will be developing a prototype virtual library in rehabilitative health, which includes the creation of a subject-classified searchable database of Internet sites through a Web interface. Stay tuned to *Cyberpulse* for future announcements.

## On the Editor's Desk

### Book Reviews

**Measuring health : a guide to rating scales and questionnaires.** 2nd ed. Ian McDowell and Claire Newell. Don Mills, Ont. : Oxford University Press Canada, 1996. ISBN: 0-19-510371-8

Measuring the progress of patients during and after medical intervention provides valuable information to clinicians and researchers. Health measurement is not a new field, but in an era of outcome evaluation and quality improvement it takes on renewed importance. More than ever, clinicians, administrators and other stakeholders are required to monitor outcomes and demonstrate that costs have resulted in quality care.

The authors wrote this book "to guide researcher(s) in choosing between rival methods and instruments" in outcome measurement. They review eighty-eight measurements using either questionnaires or rating scales. Fifty measures from the 1st edition of this book are grouped with several important new scales and several new chapters come with critical commentaries. Descriptions of each method are provided, including the method itself and its purpose (also indices of validity and reliability). The authors focus on "sociomedical" measurements covering a variety of topics from functional disability and psychological well-being to social adjustment and quality of life.

This is a handy one-stop reference for tools of measurement and their appraisal. At the Tom Baker Centre, clinicians and researchers praise this book's organization and thoroughness. It has proven useful in examining quality of life and those patients coping with disabilities and chronic pain. A good index makes it easy to locate information within the book and a glossary of terms at the back provides assistance with technical terms. Binding is strong and built to last.

*Measuring Health* is a valuable addition to both hospital and academic health science library collections. Although most measurement tools can be located in arti-

cles indexed in MEDLINE, having a primary source like this saves time and frustration in locating them in the journal literature for patrons. Recommended.

Dean Giustini, Librarian  
Tom Baker Cancer Centre Library  
E-mail: giustini@acs.ucalgary.ca

**Wasting away: the undermining of Canadian health care.** Pat Armstrong and Hugh Armstrong. Don Mills, Ont. : Oxford University Press Canada, 1996. ISBN: 0-19-541070-X

No one would disagree with the statement that Canadian healthcare is changing. Whether it's introducing private clinics in Alberta or reducing federal transfer payments to provinces, healthcare is being restructured and re-engineered in ways never thought possible. But what is less certain is whether the changes are just symptoms of a more vexing problem: is Canada's most beloved social program being dismantled?

There's no debate in this book: as the title of the book suggests, all is not well with Canadian health care. Changes in recent years have undermined basic principles of universality and have led to system-wide decline. Armstrong and Armstrong discuss how formal health care in Canada has developed from its earliest days to the present. Interspersed throughout are views of the future expressed by caregivers and patients, and none are very optimistic.

This book points to some of the most disconcerting problems as indicators of decline. Many are news headlines: fees charged for standard care, hospital beds closing, waiting lists and times extended, emergency rooms understaffed, nursing and front-line burnout, etc. Healthcare providers face a deteriorating system and their health - as well as those they serve - suffers. The authors suggest that the system itself is ill.

Money - lack of public money for healthcare - is a focal point for much of the

discussion here, and it is tinged with annoyance at politicians and governments, both provincial and federal. After all, mismanagement of public monies initiated drastic change of the system in the first place.

An important assumption challenged by the authors is that public expenditures on health are out of control and current levels of care are impractical. It is simply untrue, say the authors. Canada still spends less per capita than the United States - a private health care system that is costly and inaccessible to many.

The authors suggest that there is a better way. Old medical models based on treatment need to be changed to those based on care. New directions for healthcare based on different assumptions are needed. Principles of the private sector should be challenged. They point out that effectiveness and efficiency of the health care system should be measured, but not merely by number of people processed and money spent. The goal should be improved health for all Canadians.

*Wasting Away* is written for those concerned with the direction of Canada's health care system. It is not for all health library collections, though the issues affect all citizens of this country. Its strengths are currency and a Canadian-focus, and an extensive bibliography of sources. Further studies examining the benefits of healthcare restructuring are needed.

Dean Giustini, Librarian  
Tom Baker Cancer Centre Library  
E-mail: giustini@acs.ucalgary.ca

**Standards for Library and Information Services in Canadian Healthcare Facilities.** CHLA/ABSC Task Force on Standards for Library and Information Services in Canadian Healthcare Facilities. 2nd ed. Toronto, Ont.: CHLA / ABSC, 1995. 85 p. ISBN: 0-9692171-4-5

Since 1995 the Canadian Council on Health Service Accreditation has been im-



is the last section of the book on pages 70-85. This will help you to immediately focus on the objectives and outcomes of your information service. After using the checklist go back and read the standards, especially in those areas where your service is weak.

(I like the checklist so much that I would encourage CHLA/ABSC to consider releasing this section of the document from the copyright restrictions that pertain to the rest of the publication. A "permission to copy" note on the Self-Evaluation Checklist would support the stated intent of the list, which is "for on-going self-assessment to document service development over time, as a basis for planning and development activities, and as background documentation for CCHSA surveyors, and facility-wide quality improvement initiatives".) (2)

The CHLA/ABSC standards are grouped into four areas: Planning and Development, Organization and Administration, Resource Management, and Information Services Provision. Each standard is stated in one or two sentences and is followed by an interpretation.

The interpretation is then followed by criteria that support the standards. I would like to see the document simplified by deleting the interpretation paragraphs and in-

tegrating their content into the standards statement, the criteria or the summary section which precedes each of the four groups of standards. Nonetheless, the standards and supporting criteria themselves are very appropriate to today's health and information environments and needs.

The CHLA/ABSC standards themselves fill only the first twenty two pages of the publication. Three quarters of the document is devoted to the following practical supporting materials:

- seven page glossary of terms,
- sample mission statement,
- sample vision statement,
- sample needs assessment survey,
- sample position description for the Director of Library and Information Services,
- sample client satisfaction survey,
- list of issues for consideration before entering a contractual arrangement,
- twelve-page bibliography of background reading,
- eight-page key to the CCHSA Standards,
- seventeen-page self evaluation checklist.

The 1995 *Standards for Library and Information Services in Canadian Healthcare Facilities* is a document that points Canada's library and information service

providers in the right direction--toward our information service users. It is now up to information professionals to implement the standards and move individually and collectively in the direction that the CHLA/ABSC membership has endorsed.

If you have not yet purchased a copy of the standards, you can do so by mailing your order to: P.O. Box 94038, 3332 Yonge Street; Toronto, ON M4N 3R1; Canada. The price, including postage and handling is \$30.00 for CHLA/ABSC members and \$35.00 for non-members. All orders must be prepaid in Canadian funds, and payable to CHLA/ABSC.

#### References:

1. CHLA/ABSC Strategic Plan: recommitment to change. *BMC* 1993; 15(2):121-122.
2. CHLA/ABSC Task Force on Standards for Library and Information Services in Canadian Healthcare Facilities. *Standards for library and information services in Canadian healthcare facilities*. 2nd ed. Toronto: CHLA/ABSC, 1995.

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## Call for Reviewers

### Books to be Reviewed

*Career planning and job searching in the information age*. Elizabeth A. Lorenzen. New York: Haworth Press, 1996.

*Gentlecare: changing the experience of Alzheimer's disease in a positive way*. Moyra Jones. Burnaby, BC: Moyra Jones Resources, 1996.

*Nutrition: a reference handbook*. David A. Bender and Arnold E. Bender. New York: Oxford University Press, 1997.

*Oxford handbook of critical care*. Mervyn Singer and Andrew Webb. New York: Oxford University Press, 1997.

### Journal to be Reviewed

*Health care on the Internet: a journal of methods and applications*. 1(1) 1997. Haworth Press Inc. This new journal is edited by librarians Eric P. Delozier and M. Sandra Wood.

If you are interested in reviewing one of these items, please contact the Editor.

## DOCLINE Update and News

Bev Brown

DOCLINE Coordinator

Tel: 1-800-668-1222

E-mail: cisti.docline@nrc.ca

### DOCLINE Update and News

An update to information that appeared in the January 1997 issue of the "DOCLINE in Canada Newsletter from CISTI", an electronic bulletin published on CANMEDLIB.

### CISTI SERHOLD Updates

The April 1996 correction tape from CISTI was loaded into SERHOLD on September 25. The regular October tape, sent to NLM on October 31, was available in DOCLINE on December 13. The October tape contained holdings for 37 Toronto health libraries reporting for the first time as well as updates for 29 libraries which report through CISTI.

CISTI will be sending a SERHOLD tape for libraries that report through CISTI in late March 1997.

### New to DOCLINE

Newly active on DOCLINE are the following 25 Toronto health libraries:

- Baycrest Centre for Geriatric Care
- Bloorview MacMillan Centre (Bloorview Site)
- Bloorview MacMillan Centre (MacMillan Site)
- Canadian Memorial Chiropractic College
- Clarke Institute of Psychiatry
- Credit Valley Hospital
- Defence and Civil Institute of Environmental Medicine
- Doctors Hospital
- Hospital for Sick Children
- Lyndhurst Hospital
- Michener Institute for Applied Health Sciences
- Mississauga Hospital
- Mount Sinai Hospital
- North York Branson Hospital
- North York General Hospital
- Ontario Cancer Institute
- Oshawa General Hospital
- Queen Elizabeth Hospital
- St. Joseph's Health Centre
- St. Michael's Hospital
- Sunnybrook Health Science Centre
- Toronto Hospital, General Division
- Toronto Hospital, Western Division
- Wellesley Central Hospital
- Women's College Hospital

On the CISTI SERHOLD tape were 2 ACMC libraries reporting for the first time: the Gerstein Science Information Centre and the University of Ottawa Health Sciences Library. This brings to 98 the number of active Canadian libraries on DOCLINE.

The University of Manitoba Neilson Dental Library and Medical Library have merged to form the Neil John MacLean Library (LIBID F00043). The Dental Library LIBID F00872 will be made inactive. Libraries wanting to have LIBID F00872 removed from their routing tables should contact the Coordinator.

Paul Ward has input data for 4 Saskatchewan libraries now active on DOCLINE: Pasqua Hospital, Plains Health Centre, Regina General Hospital and Wascana Rehabilitation Centre. Fourteen Manitoba libraries are expected to be active in the next month.

### Presentations

In November, the Coordinator presented a DOCLINE information session to Manitoba libraries. A similar activity will be held in January in Regina. Groups new to DOCLINE who would benefit from a presentation adapted to their needs should contact the Coordinator. Site visits are arranged on a shared cost basis.

### Level X Holdings in SERHOLD

There is a high percentage of Level X holdings in SERHOLD for libraries that send their data via CISTI. The result is that these libraries are receiving many requests for current articles from journals that they have cancelled in their collections. A fuller explanation and discussion of the problem will be given in a CISTI follow-up to the *Discussion Paper on Resource Sharing among Health Sciences Libraries in Canada*. CISTI will also discuss correcting Level X holdings for CISTI-reporting libraries and will present a pricing schedule for online updating in SERHOLD. The follow-up paper will be published in February for discussion at the CHLA/ABSC Resource Sharing Task Force meeting to be held February 14-15 in Ottawa.

### CST Code on LEND

Entering the CST code (Cost exceeds limit) in LEND will stop a request from further routing and will return it to the requesting library. While many libraries, including CISTI, substitute the NOS code so that requests will continue to route, NLM's policy is to use CST when it is appropriate. NLM's position is that when a potential lending library responds to a request with CST, this ensures that borrowing libraries know when their maximum costs are too low. Consequently, libraries may want to re-organize their routing tables and/or rethink their maximum cost limits. ■

## Mise à jour de DOCLINE

Bev Brown

Coordinatrice de DOCLINE

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**M**ise à jour des renseignements communiqués dans le numéro de janvier 1997 du bulletin électronique «*Bulletin DOCLINE-Canada de l'ICIST*» diffusé sur CANMEDLIB.

### Mises à jour de SERHOLD par l'ICIST

Le ruban de corrections d'avril 1996 de l'ICIST a été chargé dans SERHOLD le 25 septembre. Le ruban d'octobre, envoyé à la NLM le 31 octobre, a été ajouté à DOCLINE le 13 décembre. Ce ruban comprenait les fonds documentaires de 37 bibliothèques de la santé de Toronto qui faisaient rapport pour la première fois ainsi que les mises à jour de 29 bibliothèques qui font rapport par l'entremise de l'ICIST.

À la fin de mars 1997, l'ICIST enverra un ruban SERHOLD aux bibliothèques qui font rapport par l'entremise de l'ICIST.

### Nouvelles recrues DOCLINE

Les 25 bibliothèques de Toronto nouvellement branchées à DOCLINE sont les suivantes:

- Baycrest Centre for Geriatric Care
- Bloorview MacMillan Centre (Bloorview Site)
- Bloorview MacMillan Centre (MacMillan Site)
- Canadian Memorial Chiropractic College
- Clarke Institute of Psychiatry
- Credit Valley Hospital
- Defence and Civil Institute of Environmental Medicine
- Doctors Hospital
- Hospital for Sick Children
- Lyndhurst Hospital
- Michener Institute for Applied Health Sciences
- Mississauga Hospital
- Mount Sinai Hospital
- North York Branson Hospital
- North York General Hospital
- Ontario Cancer Institute
- Oshawa General Hospital
- Queen Elizabeth Hospital
- St. Joseph's Health Centre
- St. Michael's Hospital
- Sunnybrook Health Science Centre
- Toronto Hospital, General Division
- Toronto Hospital, Western Division
- Wellesley Central Hospital
- Women's College Hospital

Deux bibliothèques de l'AFMC ont fait rapport de leurs données pour la première fois pour le ruban SERHOLD de l'ICIST : le *Gerstein Science Information Centre* et la bibliothèque des sciences de la santé de l'Université d'Ottawa. Il y a actuellement 98 bibliothèques canadiennes qui font partie de DOCLINE.

La bibliothèque dentaire Neilson et la bibliothèque médicale de l'Université du Manitoba ont fusionné pour former la bibliothèque Neil John MacLean (LIBID F00043). Le code de la bibliothèque dentaire (LIBID F00872) sera désactivé. Les bibliothèques qui veulent que le code LIBID F00872 soit retiré de leurs tables d'acheminement devraient communiquer avec la coordinatrice.

Paul Ward a des données d'entrée provenant de 4 bibliothèques de la Saskatchewan qui sont maintenant branchées à DOCLINE: Pasqua Hospital, Plains Health Centre, Regina General Hospital et Wascana Rehabilitation Centre. On prévoit que quatorze bibliothèques du Manitoba se joindront à DOCLINE au cours du prochain mois.

### Exposés

En novembre, la coordinatrice a présenté une séance d'information sur DOCLINE aux bibliothèques du Manitoba. Une activité similaire est prévue à Regina ce mois-ci. Les groupes qui viennent de se joindre à DOCLINE et qui aimeraient assister à un exposé adapté à leurs besoins sont priés de communiquer avec la coordinatrice. Il est possible d'organiser des visites sur place selon une formule de partage des coûts.

Fonds documentaires de type X dans SERHOLD. Les bibliothèques qui transmettent leurs données par l'entremise de l'ICIST comptent un pourcentage élevé de fonds documentaires de type X dans SERHOLD. Ainsi, ces bibliothèques reçoivent de nombreuses demandes au sujet d'articles courants tirés de revues qu'elles ont annulées. Ce problème sera expliqué et discuté plus à fond lors d'un suivi que fera l'ICIST à l'égard du *Document de travail sur le partage des ressources par les bibliothèques de sciences de la santé canadiennes*. L'ICIST discutera également de la correction des fonds documentaires de type X des bibliothèques faisant rapport par l'entremise de l'ICIST et présentera un barème de prix relativement à la mise à jour en direct dans SERHOLD. Le document de suivi sera publié en février aux fins de discussion à la réunion du groupe de travail de l'ABSC/CHLA sur le partage des ressources qui se tiendra les 14 et 15 février à Ottawa.

### Code CST dans la fonction LEND

En inscrivant le code CST (cost exceeds limit) dans la fonction LEND, on interrompt le cheminement d'une demande et on la renvoie à la bibliothèque requérante. Bien, que de nombreuses bibliothèques, dont l'ICIST, inscrivent plutôt le code NOS pour faire en sorte que les demandes puissent poursuivre leur cheminement, la politique de la NLM consiste à utiliser le code CST dans les situations pertinentes. D'après la NLM, le fait d'inscrire le code CST permet aux bibliothèques de savoir dans quels cas leurs coûts maximums sont insuffisants. Conséquemment, certaines bibliothèques pourraient choisir de réorganiser en conséquence leurs tables d'acheminement ou réétudier leurs coûts maximums. ■

## CISTI News

Volume 14 No. 3 ; March 1997

Bev Brown

### Grateful Med for Windows

In January, NLM began mailing copies of Grateful Med for Windows version 1.0. Clients who have not received their copy should contact NTIS or download the program and User's Guide from NLM's Web site at <http://www.nlm.nih.gov>. Click on Grateful Med for Windows under "New/Noteworthy". Grateful Med for Windows currently supports searching of MEDLINE, MEDLINE backfiles and Loansome Doc ordering.

### New Billing System

Beginning in January 1997, statements are being run on CISTI's new integrated billing system. This new system has a number of advantages: charges for all CISTI services used by one account will appear on a single invoice; multiple invoices will be grouped by allow a single payment; and deposit account activity and balances will be reported monthly. For MEDLARS users, total daily database usage will be shown and rates will be converted to Canadian dollars prior to calculating the charges. Because information from the current billing system is not being transferred to the new system, clients will receive two statements until the old balance is paid in full.

### New Service Agreements

CISTI has signed service agreements with the Association of Atlantic Universities Library Council (AAULC), the Council of Prairie and Pacific University Libraries (COPPUL) and La Conférence des Recteurs de des Principaux des Universités de Québec

(CREPUQ). CISTI has pledged to maintain its collection at current levels during the life of these agreements.

### Web-based Catalogue

CISTI's integrated electronic catalogue, developed by Innovative Interfaces, will be fully operational April 1. It will offer a Web-based gateway to CISTI's collection, including information on the latest journal issues received and hotlinks to other products and services, including electronic journals.

### Document Delivery Services

CISTI will be offering a re-designed document delivery service beginning April 1, 1997. Supply services will be: DIRECT Supply (from CISTI's or the Canadian Agriculture Library's collections LINK Supply (from the British Library Document Supply Centre) GLOBAL Supply (from any source in the world).

Costs are detailed in CISTI's new Services and Prices 1997 brochure. For DIRECT supply requests received and delivered electronically, there will be no price increase. Costs for courier delivery of DIRECT supply articles will rise \$1.00.

### Swetscan and Swetscan Alert

Swetscan is CISTI's electronic table of contents service that offers subscribers access to over 14,000 current journals. Swetscan Alert is CISTI's new Web-based alerting service will automatically delivers tables of contents to a Web or email address of to a fax number. The annual subscription cost is \$10.00 per title. ■

### Canadian Health Libraries Association Annual Conference

May 28 - June 1, 1997

University of British Columbia

Vancouver, Canada

Theme: Drawing Closer - Reaching Further

Keynote: Dr. Bob Evans, Health Economist, UBC and  
Dr. Anne Crichton, Professor Emeritus, UBC

For details, visit the Web-site: <http://www.library.ubc.ca/life/chla97/>

For questions, e-mail: [chla97@unixg.ubc.ca](mailto:chla97@unixg.ubc.ca)

## Nouvelles de l'ICIST

Volume 14, Numéro 3 ; mars 1997

Bev Brown

### Grateful Med pour Windows

En janvier, la NLM a commencé à poster la version 1.0 de *Grateful Med* pour Windows. Les clients qui n'ont pas encore reçu leur copie devraient communiquer avec le NTIS ou télécharger le programme et le guide de l'utilisateur que l'on retrouve sur le site Web de la NLM à l'adresse <http://www.nlm.nih.gov>. Appuyez sur *Grateful Med* pour Windows sous «New/Noteworthy». *Grateful Med* pour Windows permet de faire des recherches dans MEDLINE, les dossiers MEDLINE et de faire des demandes Loansome Doc.

### Nouveau système de facturation

Depuis janvier 1997, les relevés de compte sont effectués à l'aide du nouveau système intégré de facturation de l'ICIST. Ce nouveau système présente de multiples avantages. Ainsi, les frais pour tous les services de l'ICIST utilisés dans un compte apparaîtront sur la même facture, les facturations multiples seront regroupées et pourront être réglées en un seul paiement. De même, les inscriptions concernant le compte de dépôt et le solde seront communiquées mensuellement. Pour les utilisateurs de MEDLARS, il sera possible de connaître l'utilisation complète et quotidienne de la banque de données et les tarifs seront désormais calculés en argent canadien avant l'ajout des frais. Étant donné que les renseignements de l'actuel système de facturation n'ont pas encore été transférés dans le nouveau système, les clients recevront encore deux relevés de compte avant que l'ancien solde ne soit entièrement payé.

### Nouvelles ententes de services

L'ICIST a signé des ententes de services avec l'*Association of Atlantic Universities Library Council* (AAULC), le *Council of Prairie and Pacific University Libraries* (COPPUL) et la Con-

férence des recteurs et des principaux des universités du Québec (CREPUQ). L'ICIST s'est engagé à maintenir sa collection au niveau actuel tout au long de la durée de ces ententes.

### Catalogue sur le Web

Le catalogue électronique intégré de l'ICIST qui a été élaboré par *Innovative Interfaces* sera complètement opérationnel à compter du 1<sup>er</sup> avril prochain. Il donnera accès sur le Web à la collection de l'ICIST et notamment à des renseignements sur les plus récents numéros de journaux reçus et à des liens à d'autres produits et services dont les journaux électroniques.

### Services de livraison de documents

À compter du 1<sup>er</sup> avril prochain, l'ICIST offrira un nouveau concept de services de livraison de documents. Les fournisseurs seront DIRECT Supply (de la collection de la *Canadian Agriculture Library*), LINK Supply (du *British Library Document Supply Centre*) et GLOBAL Supply (pour toute autre source dans le monde).

Les coûts figurent dans le nouveau dépliant sur les services et prix de l'ICIST. Avec Direct Supply, les requêtes qui auront été reçues et acheminées par voie électronique ne seront pas sujettes à une majoration de prix. Par contre, les frais pour la livraison de documents par courrier coûteront 1\$ de plus.

### Swetscan et Swetscan Alert

*Swetscan* est le service de table des matières de l'ICIST. Il offre à ses membres un accès à plus de 14 000 périodiques. *Swetscan Alert* est le nouveau service d'alerte sur le Web de l'ICIST qui acheminera automatiquement les tables des matières à un site Web, à une adresse électronique ou à un numéro de télécopieur. Les frais annuels d'adhésion sont de 10 \$ par titre. ■

## Congrès de l'Association des bibliothèques de la santé du Canada

Du 28 mai au 1<sup>er</sup> juin 1997

Université de la Colombie-Britannique

Vancouver, Canada

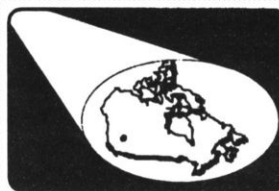
Thème : <Drawing Closer - Reaching Further>

Principaux conférenciers : Bob Evans, économiste sanitaire et  
Anne Crichton, professeure émérite, UBC

Pour tout renseignement, veuillez consulter le site Web à l'adresse électronique  
<http://www.library.ubc.ca/life/chla97/>

Pour toute question, veuillez communiquer par courrier électronique à l'adresse  
[chla97@unix.ubc.ca](mailto:chla97@unix.ubc.ca)

## SPOTLIGHT ON ALBERTA



### NEOS : the Alberta Library Consortium Based in Edmonton [1]

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#### What is NEOS?

NEOS is an Alberta library consortium consisting of 19 government, hospital, college and university libraries. (NEOS was originally an acronym for Networking Edmonton's Online Systems, but as the consortia is no longer confined to Edmonton, the name NEOS stands on its own.) NEOS was established with libraries in the Edmonton area only, but now includes libraries in Vegreville, Camrose and Red Deer.

NEOS was conceived and developed as a collaborative project among member libraries to provide a single, highly accessible "information window" to a wide range of libraries and information agencies for information consumers. This initiative was undertaken to support business, educational, professional, cultural and social services communities, as well as to provide cost efficiencies for consortium partners.

#### Background to NEOS

The history of NEOS begins in December 1991 when the University of Alberta (UofA) Library invited over 150 members of Edmonton's information community to join in planning an urban information consortium. Participants represented a broad range of public and private sector information providers.

In the initial presentation, the UofA described its strategic planning vision of "the networked virtual library". The NEOS consortium was to be a cornerstone in information infrastructure development. The goal was to position Alberta in the emerging national "information highway".

With the prospect of acquiring a next-generation library system, the UofA Library invited local libraries to participate in selecting and implementing a shared system. Subsequently, the UofA acquired the Data Research Integrated Library (DRA) system to provide an automation platform for the consortium, which it continues to manage.

NEOS was envisioned and has been developed as a cooperative that succeeds due to the commitment, hard work and dedication of

all members. NEOS is governed by an Executive Committee which includes representatives from its various sectors.

The Executive Committee has struck sub-teams and each of these has broad NEOS representation. Some of the teams: Cataloguing Standards, Circulation Services, Client Awareness, Document Delivery, Technology, and External Relations. NEOS teams meet regularly to deal with operational matters, to draft and implement new policy and to plan for the future.

#### Engaged in Many Initiatives

NEOS is engaged in many initiatives, including (but not limited to):

- 1) creating and maintaining shared online and patron databases.
- 2) providing onsite access for users,
- 3) offering access to commercial databases, and
- 4) operating an interlibrary loan service supported by a document distribution service.

In its latest initiative, NEOS has become one of the original subscribers to "The Alberta Library", a partnership of multi-type libraries throughout the province.

#### Realities and Mission

NEOS is driven by the realities of the information explosion and the need to expand beyond traditional library walls. It seeks to address increased costs of maintaining automation platforms and resource materials and access to the growing numbers of networks of electronic products and services. NEOS does this with a depleting organizational, municipal, provincial and national resource base.

NEOS' mission is to provide access to information in a cost effective manner. It does so through the sharing of people, technology, collections and other resources. In doing so, NEOS provides a strong voice for its members and clients. ■

**Editor's note:** For further information about future directions for NEOS, please contact Pauline Rennick, NEOS Manager, at E-mail: pauline.rennick@ualberta.ca.

1. The author of this paper would like to acknowledge the contributions provided by many NEOS members in the writing of this submission.

# The Health Knowledge Network (HKN) : a Tale of Innovation In Alberta

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## Introduction

Once upon a time, and today as well, there were two innovative libraries. The librarians who worked there knew all about the value of information, the importance of informed medical decision making and the exponential growth of biomedical literature.

These libraries were located at the University of Calgary and the University of Alberta. In 1993, the university librarians and their colleagues at associated teaching hospitals identified the need to provide desktop delivery of information to users. It was deemed appropriate that when faculty and students went to the teaching hospitals that they have access to the same databases used on campus.

This idea of remote access to online databases was realized when the UofA and the UofC teamed up to form the Health Knowledge Network (HKN).

## HKN Infrastructure Setup

Setting up remote access to MEDLINE, CINAHL, Cancerlit and Healthstar was no small undertaking for the librarians involved. First, financial support from the Alberta Heritage Foundation for Medical Research and the College of Physicians and Surgeons was solicited.

Servers running the software developed by Ovid Technologies were then set up in Calgary and Edmonton. HKN was soon ready to provide 24-hour dial-up and Internet access to the databases. Customer support was provided by telephone and e-mail. Customized training courses in basic and advanced searching techniques were offered to users of the system.

HKN's "state of the art" technology and exceptional customer support provided by medical librarians at both sites put the project in the company of others at Harvard University, John Hopkins School of Medicine and the Mayo Foundation.

## HKN is Shared with theCommunity

The university community was delighted to have such a valuable service available for their own use and perhaps more importantly to share it with the community-at-large. University graduates would have access to HKN after leaving campus as they incorporated timely, authoritative information into their daily practices. Health professionals in turn were pleased to have their own universities leading the pursuit towards evidence-based medicine, innovation in health services and better continuing education.

HKN's popularity continues to grow. Today, the HKN name is well-known to health care professionals, students and researchers throughout Alberta and the Canadian territories. Customers include major hospitals in urban centres, small rural clinics, and individuals from the 49th Parallel to Upper Rubber Boot.

Organizations such as the Alberta Cancer Board and the Workers' Compensation Board are tapping into the rich electronic resources in HKN, as are educational institutions such as the University of Lethbridge, Mount Royal College and Red Deer College - and more.

## The Web Interface

Enthusiastic customers are migrating to the recently-released Web interface. The Web interface provides users with a neophyte-friendly, point-and-click method of searching the databases. In addition, updated support and training materials are expected in a few short weeks.

Additional information about today's services and tomorrow's enhancements is available at <http://www.ucalgary.ca/HKN> or by contacting Della Jacobson, Marketing and Account Manager, Health Knowledge Network in Edmonton.

Developments such as the Web interface combined with the increased activity at HKN ensures steady growth for this venture into the future. ■

**Editor's note:** The librarians involved in taking HKN out to their respective client groups are now pushing for access to other databases (such as Psychlit, which is available in Edmonton). The potential is also there to provide access to a consumer health information database. HKN has proven indispensable for clinicians and patients alike and has made a measurable difference in areas such as patient care and accreditation.



## The University of Calgary Medical Library A Vital Resource for the Health Sciences Community

John Cole

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### Introduction

The University of Calgary Medical Library, located in the Foothills Medical Centre with the Faculty of Medicine, is a branch library in The University of Calgary Library system. As such, and in the company of most if not all academic health libraries, it enjoys the opportunities and challenges offered by a familiar combination of factors.

Provincial government funding for the University Library non collections operating budget has been reduced by approximately 21% over the last five years. Over the same period, the collections budget was static. In the past two years, the Alberta healthcare system has been restructured, while the impact of information technology ever increases.

A number of themes have emerged from the planning process. The move from ownership to access is well illustrated by two statistics: 1) number of document delivery borrowing requests has almost tripled in the last five years, while 2) total journal subscriptions has dropped from 1556 to 1078. This present total would be significantly lower were it not for special funding through the 'Partners in Health' campaign with support of the Dean of Medicine.

### Increased Networked Information

The increase in networked electronic information services has also been rapid over the last few years. MEDLINE, CancerLit, CINAHL and HealthSTAR are available campus and province-wide through the Health Knowledge Network (HKN), a joint University of Alberta/University of Calgary enterprise using OVID software.

Other reference databases will soon be available on the campus network on an ERL server, and Internet access to many other files, e.g. Current Contents, CARL UnCover and OCLC is also available. Access to full text, electronic journals or otherwise, also increases, as we grapple with publication, access, technical and educational support, and funding issues.

Another major development was the successful introduction in 1996 of SIRSI as the integrated library system software to replace DOBIS. The new system - named CLAVIS (<http://clavis.ucalgary.ca>, <telnet:clavis.ucalgary.ca> Logon:clavis) - affords gateway access to our other electronic services as well as much improved access to the catalogue.

### New Funding & Partnerships

It seems clear that for us the introduction of new services based on technology requires at least two things: 1) identification of new

funding sources and 2) forming new and continued internal and external partnerships. Significant special funding has already been provided through a number of provincial advanced education initiatives, through the University budgetary process, from foundations and donors, and through funding agencies like the Alberta Heritage Foundation for Medical Research. Certainly one challenge is to integrate this support into the operating budget on a longer term basis.

Increasingly, the provision of new services is possible only through the sharing of resources, with university faculties, departments, and other information services units, and externally. The Medical Library continues to work with Calgary's Regional Health Authority libraries, the Tom Baker Cancer Centre Library, and other Calgary libraries to maximise shared resources and to serve what is often a common clientele.

We also have a continuing role as the resource health library for professionals in southern Alberta. The restructuring of health care in Alberta has provided an opportunity for the Universities to examine their educational and research role within the context of the provincial health system. It is not clear what impact, if any, this will have on library services. The University Library is also actively developing partnerships locally and regionally, e.g. with other COPPUL (Council of Prairie and Pacific Libraries) institutions, that have already provided us with access to services like Current Contents.

### User Needs and Expectations

As Medical Library services and funding have changed over the last few years, so have the needs and expectations of our users. The undergraduate medical curriculum is now based on case presentations using problem-based learning techniques, with a concomitant increase in demand for knowledge-based information. CME requirements and the movement towards evidence-based practice have increased the requirement for both information and information literacy by practitioners.

The increase in network services has meant that it is no longer sufficient for our staff to provide bibliographic instruction, either formally or as reference assistance. We also need to be aware of campus network issues, operating system features, telecommunication packages, and hardware requirements.

More broadly, it one of the stated aims of The University of Calgary to graduate information literate students, with the implicit assumption that faculty too are information literate. Our role in managing the vast amount of information on the World Wide Web and making it available for our user community is an evolving issue.

## Impact on Staff

It is not surprising, given the changes outlined above, that the impact on our staff has been significant. The volume of "traditional" services provided has not decreased over the past 5 years, but many new technology-based services have been added. This has been achieved while absorbing staff cuts to meet budgetary targets, losing two senior support staff positions from a total of 15 F.T.E. positions. It is true that workloads have increased, but staff time has been reallocated from processing to public service duties as automated systems have been implemented.

For example, the three professional librarians spend an increasing amount of time on information literacy issues, including the

development of Web pages (see <http://www.ucalgary.ca/library/medical/>).

Also, almost all support staff have been reclassified upwards. This reflects increased complexity in the work they perform, and points out the need for continued training and upgrading of skills.

## Future paths

For the future, we look to development along the strategic path that has been mapped out. Significant factors that will influence our progress include the results of the University of Calgary planning process, evolution of the local and provincial healthcare system, implementation of information technologies - and, of course, our budgetary resources. ■

# Consumer Health Information A Directory of Resources in Edmonton & Area

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## Introduction

The decision to produce a consumer health information directory was made at a meeting of interested stakeholders in May 1995. The product of a collaborative venture of different types of libraries and agencies in Edmonton, all members of the Consumer Health Information Directory Task Force were volunteers.

The purpose of the project was to produce a directory of libraries and agencies with consumer health information collections and services in the Edmonton area. A survey questionnaire was designed and mailed out to approximately one hundred and twenty-five health-related libraries, agencies and associations. Survey data was tabulated and sixty-four organizations were selected for inclusion in the Directory.

## 1996 CHLA/ABSC Poster Session

The Directory was completed just prior to the 1996 CHLA/ABSC Conference in June when a small group presented a timely poster session reflecting the Conference theme - Creative Connections. Marlene Dorgan and I prepared the session, and Linda Slater assisted with the presentation at the Conference.

For display, we brought some of the consumer health products of participating libraries and agencies. The session itself was very well-received. Among the most frequently asked questions: How

did you get the cooperation of the different stakeholders? How did you create the subject index? Will the Directory be updated?

## NAHLA Initiative and CHLA/ABSC Funding

The project was an initiative of the Northern Alberta Health Libraries Association (NAHLA) and support was given by the CHLA/ABSC Development Fund. The Task Force is very proud of this collaborative project.

The Directory is on a required reading list of an occupational therapy course at the University of Alberta. It serves as a valuable tool to increase awareness of and access to consumer health information for consumers and for libraries, agencies and various associations in the region.

Distribution of the Directory locally was done in the fall of 1996. All participating libraries and agencies received free copies. The Directory is available for sale at the cost recovery price of \$15. To date, we have sold 20 copies.

## Final step

Our final step in completing the project is to make the Directory available electronically via the Edmonton Freenet - to be completed in March 1997. We applied for an Edmonton Freenet account and invited members of the Consumer Health Information Interest Group to assist us in completing this part of the project. Updates to the Directory will be done annually in both electronic and print formats. ■

## CHLA/ABSC Chapter News

### Golden Horseshoe Health Libraries Association (GHHLA)

The GHHLA annual general meeting was held on November 26, 1996 at the Hamilton Psychiatric Hospital. The new executive for the coming year: Susan Armbrust, President, Liz Bayley, Past President, Jean Maragno, Vice-President/President Elect and Neera Bhatnagar, Secretary. A Taskforce has been struck to compile a directory of health information resources available in the region. A needs-assessment will be done in early 1997 and a proposal for funding of the directory by CHLA/ABSC is to be submitted. After our general meeting, Debbie Bang and Sheryl Farrar, from St. Joseph's Community Health Centre presented a very informative and interesting pilot study on the use of info scripts in a consumer health library.

Susan Armbrust  
GHHLA President

### Health Libraries Association of BC (HLABC)

Try our Web-site at: <http://www.library.ubc.ca/hlab/>

The Web-site of HLABC is now open for business! CHLA/ABSC supplied a development grant for the start-up of this project. Currently, the Web-page has our mission statement, a list of the current executive, links to recent issues our newsletter, "HLABC Forum" and a link to CHLA97's conference Web-site.

"Drawing Closer, Reaching Further" is the theme of the Vancouver Conference May 28 - June 1, 1997. HLABC members have been planning two busy days of continuing education and two whirlwind days of program speakers and panellists. The Conference will be held at the IRC/Woodward Library of UBC, and the accommodation on campus at Gage residence is very affordable! The opening reception will be held at Cecil Green - offering spectacular views of the water and mountains - while a salmon barbecue and guided tour of the Museum of Anthropology is on the evening banquet agenda. Watch for the preliminary program and visit our Web-site (<http://www.library.ubc.ca/life/chla97/>).

Wendy Hunt  
HLABC President

### Toronto Health Libraries Association (THLA)

President - Colleen Mulloy  
President-Elect - Brian Cameron  
Past President - Elaine Wright  
Treasurer - Marietta Forster-Haberer  
Secretary - Vivian Hung  
Editor, THLA News and BMC Correspondent  
- Terri Rothman  
Membership - 162

THLA is pleased to report that membership is up. Members recognize the importance of maintaining connection to THLA for networking opportunities at a time when several Toronto hospital libraries are restructuring, re-engineering and/or closing. An unfortunate pattern of library closings within THLA - such as the Ontario Hospital Association Library - has been noted.

The 1996-97 THLA year began with an updated and redesigned brochure and there are plans for interesting and thought-provoking programs. At the first general meeting in October, Dr. John Doyle (Anesthesia and Biomedical Education at the University of Toronto/Department of Anaesthesia, The Toronto Hospital) gave his perspective on the Internet and highlighted its medical applications to the year 2000 and beyond. The annual holiday party was held at the Faculty Club of the University of Toronto at the beginning of December.

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## TELEMEDICINE CANADA HEALTH LIBRARIES SERIES

Spring 1997

(Mondays 3:30 - 4:15 Eastern Time)

Here is a listing of upcoming Telemedicine programmes in the Health Libraries Series for Spring 1997. The programmes are scheduled for Mondays at the above time and to register you must phone (416) 599-1234 or fax (416) 598-1848 or E-mail to [registration@tmed.org](mailto:registration@tmed.org) or contact the Telemedicine Web-site: <http://www.tmed.org>.

**April 7 - Hospital Librarian Participation on the Information Systems Team**, presented by **Cheryl Martin**, Hospital Librarian, Information Systems, Belleville General Hospital.

**April 28 - A Family Resource Library Program : the Hub of Family-Centred Care** presented by **Patricia Johnston**, Director, Dominick J. Conway Library, Children's Hospital of Eastern Ontario.

**June 9 - Fee for Service**, presented by **Vicky Whitmell**, Chief Librarian, Business Information Centre, Joseph L. Rotman Centre for Management, University of Toronto.

For further information about these and other continuing education courses, please contact:

**Shelagh Wotherspoon**

CHLA/ABSC CE Coordinator

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## TELEMEDICINE SERIES DISCONTINUED IN FALL 1997

### An Update

Since 1988, CHLA/ABSC and the Ontario Hospital Libraries Association (OHLA) have been organizing presenters for Telemedicine Canada's Health Libraries series. Both associations have decided to discontinue speaker and programme coordination of the Health Libraries series, commencing with the fall/winter series 1997.

Both associations polled their membership for input regarding the series. Each group's continuing education survey results, and evaluation of site registration statistics supplied by Telemedicine Canada, indicate that our objectives for the series are not being met. The majority of site registrants are participants from hospitals and universities in urban centres, rather than rural areas. In addition, participation from members outside of Ontario has been disappointing.

CHLA/ABSC and OHLA members have indicated that the cost of each session is a concern, as is the teleconference medium itself. Additionally, the number of people within our associations who are available to plan, present and attend the

Telemedicine Canada programmes is limited and in some cases decreasing. Finally, the Telemedicine Canada series is in competition with other continuing education programs sponsored by our own and other library organizations, through which we generate needed revenue.

Both CHLA/ABSC and OHLA have indicated that they would be interested in offering their services and expertise in other Telemedicine Canada series where appropriate, such as the Internet series. We could also provide sessions specific to information resources (print and electronic) for many of the clinical and allied health groups.

As CE Coordinator, I will continue to act as contact for Telemedicine Canada. If you are interested in presenting, or if you would like to recommend a colleague as a presenter in another series, please contact me for further information.

**Shelagh Wotherspoon**

CHLA/ABSC CE Coordinator

# Bibliotheca Medica Canadiana Editorial Policy

(Editor's note: please consult page 83 for additional information)

## Other relevant documents:

- CHLA/ABSC Executive Manual
- Information for Contributors
- Advertising Policy (*BMC* 1993 ; 14 (3) : 160)
- Minutes of the CHLA/ABSC Board
- Minutes of the CHLA/ABSC Annual General Meeting

## Editors, the Board, the Association

*Bibliotheca Medica Canadiana* is edited by the Editor and the Assistant Editor. These two volunteer positions are appointed by the Board of CHLA/ABSC.

The Board is apprised of the ongoing operations of *Bibliotheca Medica Canadiana* by the attendance of one of the Editors at the CHLA/ABSC Board Meetings. If attendance is not possible, a written report will be forwarded to the President of CHLA/ABSC at least one week prior to the first day of the Board meeting.

The Association members are apprised of the ongoing operations of *Bibliotheca Medica Canadiana* by the Editors' message in each issue of *Bibliotheca Medica Canadiana*. One of the Editors presents the *Bibliotheca Medica Canadiana* Editors' report to the Association's Annual General Meeting. Where neither editor can attend, it is their responsibility to ensure that the report is presented at the AGM. The report itself is subsequently published in *Bibliotheca Medica Canadiana*.

## Submissions

- All submissions received will be acknowledged with a *Notification of Receipt* or by personal communication.

- Authors will be notified of the intent to publish their submission and its likely date of publication.
- Articles not accepted for publication will be returned with a brief explanatory letter.

## Editing

*Bibliotheca Medica Canadiana* reserves the right to copy edit submissions accepted for publication in accordance with its style and format. All articles submitted to the journal are also edited for brevity, clarity and readability.

## Copyright

- Copyright is retained by the author(s).
- Permission to make copies can only be granted by the author.
- The author assumes final responsibility for the content of the manuscript.
- Authors will be sent a blank *Copyright Clearance Form* with the *Notification of Receipt*.
- Before any article can be published a signed copy of the *Copyright Clearance Form* must be returned to the Editor.
- The form states that the submitted article is either an original work or, that written permission has been received from the original copyright holder(s) for any use of their work(s).
- Copies of all required letters of permission should accompany the signed *Copyright Clearance Form*.

## Reprints

*Bibliotheca Medica Canadiana* does not provide reprints for its authors. Authors who are not members of CHLA/ABSC will be sent a single copy of the issue in which their article was published.

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## Information for Contributors

### Manuscripts

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

Contributions should be submitted on disk, preferably in WordPerfect format, and also printed in duplicate and the author should retain one copy. Contributions should be double-spaced and should not exceed ten pages or 2500 to 3000 words. Pages should be numbered consecutively in Arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and

syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the *Oxford English Dictionary*; exceptions shall be at the discretion of the editors.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

### References

All references should be given in the Vancouver style; see *Canadian Medical Association Journal* 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

## Information for contributors (cont'd)

## Illustrations

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

## Copyright

- Copyright remains the author's. Permission to make copies can only be granted by the author.
- The author assumes final responsibility for the content of the manuscript.
- Authors will be sent a *Notification of Receipt* by the Editor and a blank *Copyright Clearance Form*.

- Before any article can be published a signed copy of the *Copyright Clearance Form* must be returned to the Editor.

The form states that the submitted article is either: an original work; or, that written permission has been received from the original copyright holder(s) for any use of their work(s). Copies of the letters of permission should accompany the signed *Copyright Clearance Form*.

## Editing

*BMC* reserves the right to copy edit submissions accepted for publication in accordance with its style and format. All articles submitted to the journal are also edited for clarity and readability.

## Avertissement aux auteurs

## Manuscripts

Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés à double interligne et ne devraient pas dépasser dix pages ou 2500 à 3000 mots. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du *Robert*, les exceptions à cette règle seront à la discrétion de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

## Références

Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne

sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

## Illustrations

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

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## Rédaction

*BMC* se réserve le droit d'éditer les articles acceptés pour la publication, conformément au style et au format adopté par *BMC*. Tous les articles sont aussi édités au point de vue clarté et lisibilité.

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